LifeLine

Durban

Mental and Emotional Health for All

55

YEARS OF EXCELLENCE

ANNUAL REPORT 2024 - 2025

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Mental and Emotional Health for All

LifeLine Durban

Our Vision

A mentally and emotionally healthy South Africa

Our Mission

To offer mental and emotional health services within the culture of Human Rights, through programmes that are preventative and responsive.

Values

Passion
Integrity
Diversity

AGM Report 2024-2025

Chairperson's Report

I have the pleasure and honour of welcoming you all to the Annual General Meeting and celebration of the 55th Anniversary of LifeLine Durban. I'm sorry that I have to do this in absentia.

A special welcome to our guest speakers, Tirhani Manganyi (PhD), Programmes Manager for the GBVF Response Fund and Goodman Sibeko (MBChB, PhD), Associate Professor, Head: Division of Addiction Psychiatry.

I am sure that the audience will be treated to two absorbing presentations.

The years seem to get tougher and tougher but each year the remarkable team at LifeLine Durban, led by our inspirational, resilient and resourceful Pravisha, surprise us with amazing outcomes despite the challenges they face.

Reading the key achievements in Pravisha's report leaves one with a full heart when one realizes the depth and breadth of what has been achieved and the number of lives which have been positively impacted by the work done.

Indeed, there have been "significant challenges and remarkable victories". The suspension of the USAID grant came as a very unpleasant shock and as Pravisha mentions in her report, the persistent socio-economic pressures and the on-going GBV issues all contributed to the challenges that had to be dealt with this past year.

As the author Napoleon Hill said: "The oak fought the wind and was broken, the willow bent when it must and survived." It takes adaptability, flexibility, resilience, innovation and dedication to successfully navigate these times and achieve what has been achieved in the face of such adversity.

The same author also stated: "Each adversity, every failure, every heartache carries with it the seed of an equal or greater benefit".

These characteristics of turning difficulties and challenges into successes are what is amazing about Pravisha and her team and on behalf of the Board I applaud them for this work they do.

On a final note, my grateful thanks to the Board members for their continued contribution and support of Pravisha over the past year.

Once again thank you for your attendance and support and I hope you enjoy a good few hours celebrating this 55-year anniversary with us today.

Thank you.

Stephen Heath
Chairman

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Mental and Emotional Health for All

BOARD MEMBERS
(2024-2025)

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Treasurer

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Board Member

Kimberley Kemp
Board Member

Leonard Van Der Merwe
Board Member

Director's Report: Celebrating 55 Years of Service

Pravisha Dhanapalan

Good morning, esteemed members of the Board, distinguished guests, our dedicated volunteers, staff, donors, and partners. It is with immense pride and gratitude that I present this Directors' Report as we gather for a truly special Annual General Meeting. This year, we are not only reviewing the past year's accomplishments but also celebrating a monumental milestone: LifeLine Durban's 55th anniversary.

For over five and a half decades, LifeLine Durban has been a beacon of hope and a pillar of emotional support in the KwaZulu-Natal community. We stand on the shoulders of giants—the founders, past staff members and many volunteers who laid the foundation for the vital work we do today. This anniversary is a testament to their vision, resilience and unwavering commitment to a mentally and emotionally healthy South Africa.

As I reflect and look back with extreme humility and pride, I need to share my journey. I started my career as a social worker straight out of university 28 years ago beginning as a social worker at Phoenix Child Welfare for 7 years then another 7 years at Childline as a specialist in play therapy, forensic social work, therapeutic manager and Crisis line manager. However, nothing can compare to the last 15 years of my exceptional journey with LifeLine Durban. When I was given the task of leading this organisation, LifeLine Durban had just celebrated its 40-year anniversary having kept the doors opened despite the extreme challenges the organization faced. My first question to myself was, how am I going to continue to keep the doors open and obviously being the big dreamer I am, my next question was how can I also open multiple doors, make LifeLine Durban the first point of call and take the brand to higher levels.

This dream started to become a reality as we gradually went from 25 to 188 staff with service delivery being 99% decentralised and community based with social workers and social auxiliary workers at 10 Thuthuzela Care Centres (TCCs) at the government hospitals and crisis centres across 4 districts, 14 clinics and 51 SAPS Victim friendly rooms.

What were the highlights of this amazing journey at LifeLine Durban: Excellence in community development project award, Oxfam award for the best practice model youth at high-risk project, Mail and Guardian Award for Investing in the future and drivers of change for the youth at high-risk project, The Telkom National LifeLine Hero's award, an exchange programme with Ashodhaya Samithi in Mysore Bangalore India, presenting the Youth at High-Risk programme as a Best Practice Model at the Ghent University Belgium France and the most amazing life changing experience of presenting our work on mental health in Toronto, Canada at the 2022 Global Symposium: Imagination and Action: Building Systems of Belonging hosted at by the Kim Samuel Centre for Social Connectedness.

Whilst all of this has truly been an incredible and remarkable journey, little did I realise that the dream was not over yet. My sincerest thanks and gratitude to the finance and admin teams for their perseverance and making the move into our new office building in February this year a reality.

" The greatest glory in living lies not in never falling, but in rising every time we fall."
– Nelson Mandela

A Year of Resilience and Growth

The past year has been one of both significant challenges and remarkable victories. As an organization committed to emotional wellness, we have had to navigate an increasingly complex landscape, marked by persistent socio-economic issues, the ongoing crisis of Gender-Based Violence (GBV) and the sudden suspension of the USAID grant.

Despite these adversities, LifeLine Durban has not only persevered but has also thrived. This is a direct result of the dedication and hard work of every individual associated with our organisation. We have continued to adapt, innovate and expand our services to meet the growing needs of our community.

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Key Achievements and Programme Highlights of the past financial year as well as some forecasting of the project work.

Our success this year is reflected in the tangible impact we have made across our core programmes.

- **Emotional Wellness Psychosocial Support Counselling and Trauma Debriefing**: Our counselling remains the heart of our service prioritising Mental Health as the core part. LifeLine Durban has provided psychosocial counselling to an overall total of 26206 beneficiaries during the reporting period 2024-2025.
- **LifeLine Durban Training Courses**: We had trained 956 participants with our Personal Growth Course, Counselling Skills,10 Day HIV and AIDS course and financial literacy in the last financial year. In June 2024 LifeLine Durban proudly launched a successful online training initiative for the South African Medical Research Council (SAMRC) delivering a 9-week Personal Growth training programme to 45 staff members across the different provinces of South Africa, another milestone in LifeLine Durban's commitment to innovation in training delivery.
- **Operations and Human Resources**: At the end of the financial year, LifeLine Durban had a total of 148 employees. In our commitment to continuous growth, we launched staff development initiatives focused on leadership and governance training, workplace disciplinary procedures and Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) training thus empowering our team with the skills and knowledge to uphold professional and ethical standards.
- **LifeLine Durban received a new vehicle** through our National Lottery fund and this impacted positively on the decentralisation of our essential services enabling us to reach over and above our targets and project outcomes.
- **2025 Comrades Marathon**: LifeLine Durban in partnership and collaboration with our National office LifeLine South Africa engaged in the 2025 Comrades Marathon and the exhibition prior to the comrades.
- **Expansion of GBV and Femicide Support**: In alignment with national priorities, we have intensified our focus on combating the "second pandemic" of GBV. We have expanded our psychosocial support services for survivors, collaborating with local Thuthuzela Care Centres, SAPS victim friendly rooms and other stakeholders. LifeLine Durban has provided psychosocial counselling for 23955 GBV affected beneficiaries during the reporting period 2024-2025. LifeLine Durban has been able to reach a total number of 114 182 beneficiaries through awareness and prevention from March 2024 to February 2025. A total of 12 492 beneficiaries were reached through the men and boys programmes. 96 GBV survivors benefited from the support groups and 220 GBV survivors benefited through the skills development and economic opportunities programme, where survivors have been able to start successful businesses in their communities
- **In the Kwa-Maphumulo Community Chest programme** there were **5045 beneficiaries** reached through the outreach programme and 119 learners who received psychosocial support services within the reporting period.
- **Youth Development and Ithubalethu Project**: Our Ithubalethu ("Our Chance") project continues to provide a lifeline to youth at high risk. The Sex Worker Programme offers beneficiaries a comprehensive package of social, structural and biomedical services. This is offered to male, female and transgender sex workers at their hot spots. A total of 2716 unique Sex Workers were reached, 1128 received HTC services and 1238 sex workers received psychosocial support and counselling in the last financial year.
- **Gender-Based Violence Femicide Response Fund Prevention Programme in the District of iLembe**: We reached 18978 young adolescents with the innovative No Means No Prevention Awareness Workshops.
- **The Dreams Programme**: a Community-Based Violence Prevention and Linkages to Response programme (DREAMS - Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe Women). It is an initiative to reach HIV epidemic control of 95-95-95 by providing a comprehensive support package of services to vulnerable

"Success is not final. Failure is not fatal: it is the courage to continue that counts." – Winston Churchill

adolescent girls and young women. The GBV response reached a target of 596 beneficiaries and the GBV prevention programmes reached a target of 4395 beneficiaries. Our targets reached were unfortunately affected by the abrupt termination of the USAID NACOSA grant.

- **Continued GBV Response and Psychosocial Support**: We at the time refused to accept that such crucial services had come to a complete end. We immediately embarked on a vigorous strategic planning session and commenced with several funding applications. We were truly grateful when we were provided with a grant from the GBVF Response fund. This allowed us to immediately re-enter the communities in the Ugu district and continue with the most essential services in terms of GBV response and psychosocial support services and the innovative prevention programme NMNW.

Looking Ahead: The Next Chapter

As we celebrate 55 years we also look to the future with a renewed sense of purpose. The need for our services is greater than ever and we are committed to building on our legacy. Our strategic focus for the coming year will include:

- **Furthering Community Engagement**: We will continue to build a "collective community heart" by mobilising local leaders and community ambassadors to promote emotional wellness from within.
- **Enhancing Digital Presence**: We will explore new and innovative ways to reach those in need including leveraging social media and digital platforms to provide information and support.
- **Strengthening Partnerships**: We will continue to cultivate and grow our relationships with government departments, other NGOs and the private sector to ensure our services are accessible to all.

" You must be the change you wish to see in the world."

– Mahatma Gandhi

Today is truly monumental as we have also recently signed a MOU with Dr Pixley hospital and in collaboration, we have launched our very first Cancer support groups which creating a supportive and safe space to talk. These support group sessions would take place weekly.

Acknowledgements

To our generous **Funders, Donors and Partners**: To the Department of Social Development, Aids Foundation SA, NACOSA USAID, GBVF Response Fund, the National Lottery Commission of SA and Community Chest - as we celebrate the incredible 55-year legacy of LifeLine Durban I want to extend our profound gratitude to you for your unwavering support and belief in our mission. You are the vital lifeline that empowers us to deliver critical emotional wellness services to the KwaZulu-Natal community. Your commitment transcends mere financial support. It is an investment in human dignity, resilience and the mental well-being of our society. Thank you for your trust, your generosity, your strategic partnerships and your profound commitment to LifeLine Durban's enduring mission. Let us continue together to build on this remarkable legacy and ensuring that LifeLine Durban remains a beacon of hope for generations to come.

We would like to acknowledge our partnership with the Nanda Soobben Arts Education Foundation (Paint the Silence 365) the Healing through Art Project (HTAP), sincerest thanks to Dr Soobben and Shabnam Palesa Mohamed for the impactful and empowering GBV programme we have implemented. The programme was a community wellness initiative designed to support GBV survivors through storytelling, counselling, collage making, visual arts and yoga to create pathways for healing, self-expression and social connection.

We are also especially grateful to: Spar KwaMashu, The Victor Daitz Foundation, Procera Group, Kanga Finance for their generous donation of office furniture which has greatly supported the setup of our new offices. Lexis Nexis SA and the Jess Ford Foundation who generously donated comfort packs for our GBV victims.

To our fellow **Board Members**: I want to express my gratitude and admiration for your invaluable leadership, wisdom and unwavering commitment. You are the diligent

custodians of our mission, guiding our organization with vision and integrity. I would like to applaud the Board members Stephen Heath, Shamala Naidu, Dr Farida Patel, Ernest Gabriel, Leonard van der Merwe, Kimberley Kemp, Desmond Archary, Bonga Mpanza and Sugan Padayachee.

To our **Volunteer Counsellors**: I want to extend my deepest and most heartfelt gratitude to each one of you. Over the 55 years you are the compassionate heart and soul of our organisation, the unwavering voices of hope and the true embodiment of our mission. You choose, day after day, to step into the vulnerability of others, offering a non-judgmental ear, a comforting presence and a guiding light. This is not merely volunteering - it is a profound act of empathy, courage and unwavering commitment to humanity. You are the silent heroes who walk alongside individuals on their journey to emotional wellness. Thank you for your tireless hours and your boundless compassion.

To the **Staff**: My heart swells with immense pride and profound gratitude for each and every one of you. This milestone is not merely a number; it is a living testament to the countless lives you have touched, the silent battles you have helped win and the hope you have ignited in the darkest hours. You are the very heartbeat of LifeLine Durban, you stand on the front lines, facing the raw realities of emotional distress, trauma and crisis with unparalleled courage and compassion. Each interaction from every department finance, operations, administration, training and projects, they are all woven together to form a tapestry of hope and healing for our community. You are not just providing services - you are transforming lives, one courageous step at a time. Thank you for your efforts, your unwavering compassion, professionalism, your resilience in the face of adversity and your belief in the mission and vision of LifeLine Durban.

And finally, to the **People and Communities of KwaZulu-Natal**: Thank you for trusting us with your stories. It is for you that we exist and it is your strength and courage that inspires us every day.

Charting Our Course for the Future

As we draw this 55th Annual General Meeting to a close we do so not just with a look back at our remarkable journey but with our gaze firmly fixed on the horizon. The past year and indeed the past five and a half decades have demonstrated LifeLine Durban's unwavering commitment to fostering mental and emotional health in KwaZulu-Natal. We have faced challenges with resilience, embraced opportunities with innovation and served our community with profound compassion.

Our 55th anniversary is more than a chronological milestone - it is a powerful affirmation of our enduring relevance and the critical need for our services. It speaks to the strength of our foundations laid by visionary pioneers and the vibrant spirit of our present.

Looking ahead the path is clear - we must continue to evolve, to innovate and to expand our reach. The demand for emotional support is growing and LifeLine Durban is uniquely positioned to meet this need. We are committed to leveraging technology, forging stronger community bonds and continuously refining our programmes to ensure we remain at the forefront of mental wellness support.

Let this 55th anniversary be a catalyst for even greater impact. Let it inspire us to push boundaries, to deepen our connections and to continue building a society where every individual has access to the support they need to thrive and a future where mental wellness is a priority, not a privilege. Together, we will write the next chapter of LifeLine Durban's story – a chapter defined by even greater hope, healing and human connection. We will continue to be that beacon of hope—a lifeline in the truest sense of the word.

"Success is not final; failure is not fatal: it is the courage to continue that counts." — Winston Churchill

Thank you.

Finance Report

Income

There was an overall decrease in income of 3% in February 2025 vs 2024 financial year. LifeLine Durban was able to navigate a very tumultuous financial year with significant changes across nearly all projects.

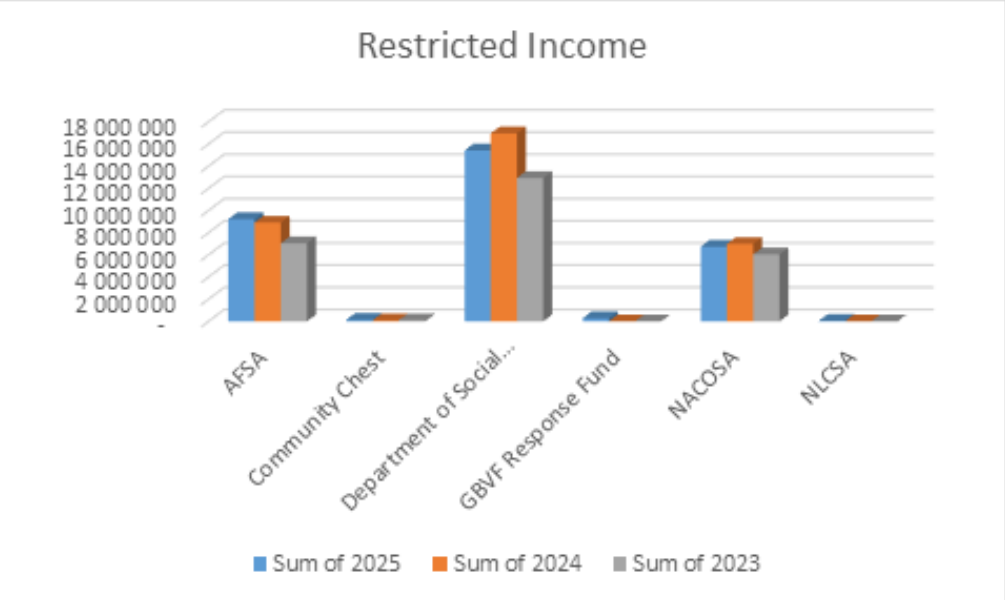
Restricted Income

Restricted income related to our main funders decreased by 3% year on year with a breakdown as follows:

- AFSA (+4%)
- Community Chest (+72%)
- Department of Social Development (-9%)
- NACOSA (-3%)
- GBVF Response Fund (New Funder)
- National Lottery Commission (New Funder)

The February 2025 financial year was a difficult year with impact to our main funders as follows:

- AFSA – Global Fund will appoint a new primary receiver for the sex worker programme.
- Department of Social Development – significant reduction in budgets by cutting of the administration budget.
- NACOSA – Exit of USAID.



Unrestricted income

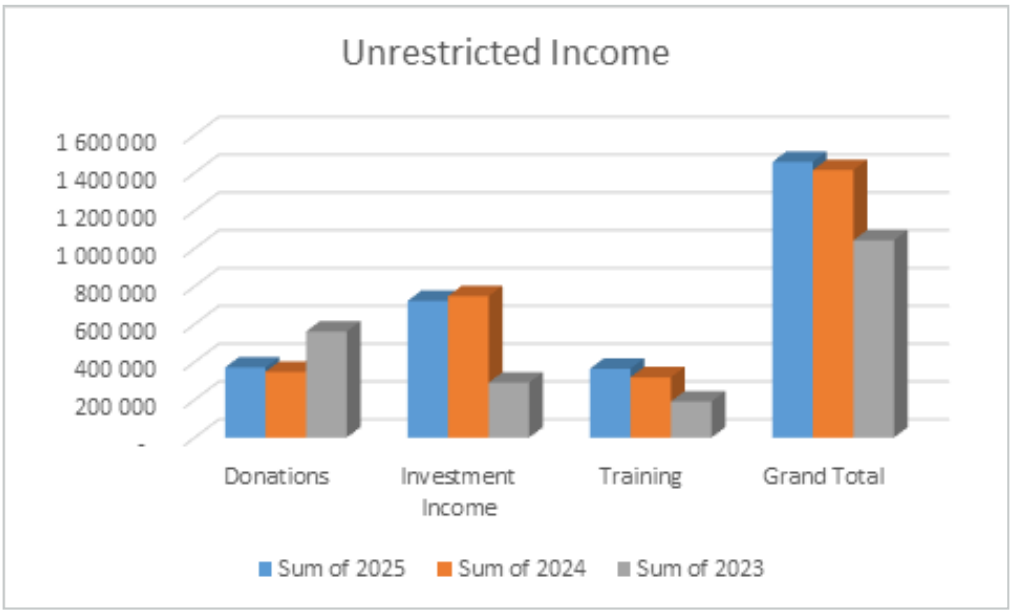
Unrestricted income increased by 3% year on year with the breakdown as follows:

- Training (+14%)
- Donations (+7%)
- Investment Income (-3%)

Investment income has been a success story for LifeLine Durban over the last few years and the -3% change was merely due to the restatement of AFSA interest. Donations and fundraising remain an urgent priority of LifeLine Durban.

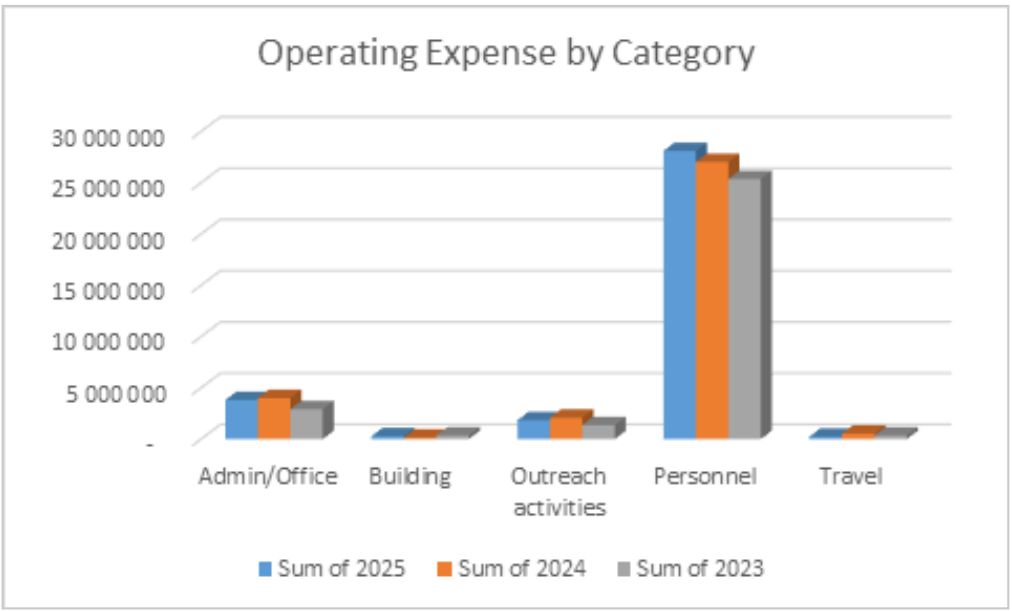
" Dream big, stay positive, work hard and enjoy the journey."

- Urijah Faber



Expenditure

There was an 1% increase in expenditure during the period primarily driven by higher personnel costs (+4%). There was a decrease in outreach activities due to the lifecycle of certain grants and the reduction in implementation budgets.



Capital Expenditure

A significant investment in LifeLine Durban's new building occurred during the financial year along with the divestment in properties at 38 Adrain Road and 20 Percy Osborne Road.

Lifeline Durban would like to extend a heartfelt thank you to funders, donors, service providers and business partners who have contributed to the results for the year ended February 2025.

"Spread love everywhere you go. Let no one ever come to you without leaving happier."
– Mother Teresa

Psychosocial and Mental Health Counselling

LifeLine Durban, with 55 years of service, continues to provide essential mental health services to our clients, staff and community members. The aim remains to enhance psychological well-being, promote emotional resilience and support individuals in coping with life's challenges.

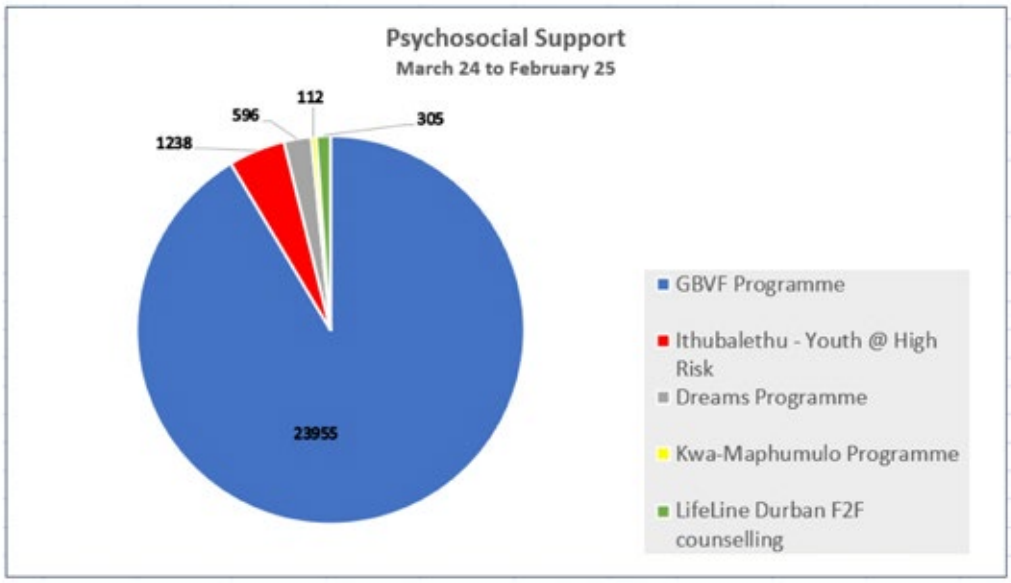
We at LifeLine Durban firmly stand by our vision:

"A mentally and emotionally healthy South Africa".

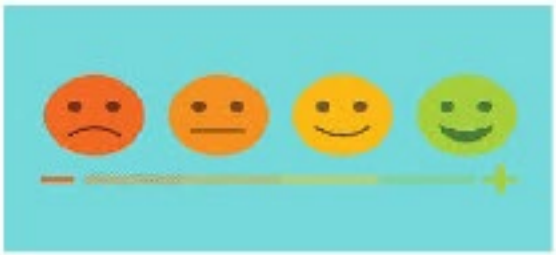
The Emotional Wellness component has been integral in fostering mental resilience and emotional balance across our client base. Through counselling, outreach and community engagement, we have promoted healthier coping mechanisms and emotional literacy.

Counselling plays a vital role in promoting emotional well-being and mental resilience. It provides a safe and confidential space where individuals can explore their feelings, gain clarity and develop effective coping strategies. By addressing trauma, grief and life challenges, counselling empowers our clients to lead more balanced and fulfilling lives. It also contributes to destigmatising mental health, encouraging more people to seek support and heal in a supportive environment.

Our face-to-face counselling sessions are conducted by our LifeLine volunteer counsellors and social workers on site. Through our various programmes, LifeLine Durban has provided psychosocial counselling for **26 206 beneficiaries** during the reporting period 2024-2025.



Total beneficiaries reached 26206



"Healing takes time and asking for help is a courageous step"
Mariska Hargitay

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Gender Based Violence and Femicide (GBVF) Programme

Gender-Based Violence and Femicide (GBVF) represents a pervasive and devastating global crisis, deeply rooted in systemic inequalities and harmful patriarchal norms. Far from being a private matter GBVF is a profound violation of human rights, a public health emergency and a significant barrier to social and economic development. It encompasses a wide spectrum of abuses, including physical, sexual, psychological and economic violence, disproportionately targeting women and girls and culminating in the most extreme form femicide – the intentional killing of women and girls because of their gender. This introduction aims to shed light on the multifaceted nature of GBVF and its devastating consequences on individuals, families and communities and the urgent imperative for collective action to eradicate this scourge and foster a world where all individuals can live free from fear and violence.

The LifeLine Durban GBVF programme aims to eliminate the spread of gender-based violence through the following response to care, support and prevention services:

- *Awareness creation;*
- *Men and Boys programme;*
- *Psychosocial services;*
- *Support Groups;*
- *Provision of shelter; and*
- *Economic empowerment to our survivors.*

The programme is implemented in three districts of Kwa-Zulu Natal and it is spread across the following local municipalities:

- **eThekwini North** (Durban Central, Inanda, KwaMashu, Phoenix and Pinetown)
- **eThekwini South** (Umlazi, Chatsworth, Mbumbulu, Nsimbini and Mpumalanga)
- **Ugu District** (Ndwedwe, Bhamshela, Maphumulo, KwaDukuza and Mandeni)
- **iLembe District** (Ndwedwe, Bhamshela, Maphumulo, KwaDukuza and Mandeni)

The National Strategic Plan (NSP) provides a comprehensive, multi-sectoral policy and programming framework. Its core purpose is to fortify a national, coordinated response by both the government and the entire country to the urgent crisis of gender-based violence and femicide. The strategy is committed to addressing the unique needs and challenges of all individuals impacted by GBV with a specific focus on women across the spectrum of age, sexual orientation and sexual and gender identities. This includes crucial support for particularly vulnerable populations such as elderly women, women living with disabilities, migrant women and trans women.

GBV PROGRAMME AND DELIVERABLES

1. **PREVENTION PROGRAMMES**
2. **PSYCHOSOCIAL SUPPORT**
3. **ECONOMIC OPPORTUNITIES**
4. **WHITE DOOR SHELTER AND PROTECTION**

DELIVERABLE 1

1.1 PREVENTION AND AWARENESS PROGRAMME

Beyond providing support to survivors a fundamental strategy in combating GBVF involves comprehensive prevention and awareness programmes. These initiatives aim to address the root causes of violence by challenging harmful social norms, promoting gender equality and fostering respectful relationships. Prevention efforts often target various levels of society from individuals and families to communities and institutions. Key elements typically include public education campaigns, school-based programmes, community dialogues and engagement with men and boys to promote positive masculinities. By raising awareness, destigmatising abuse and empowering individuals with knowledge and resources, these programmes play a crucial role in shifting attitudes, preventing violence before it occurs and creating environments where GBVF is no longer tolerated.

LifeLine Durban has been able to reach a total number of 114 182 beneficiaries through awareness and prevention from March 2024 to February 2025. LifeLine Durban has been playing a vital role in co-ordinating with other stakeholders in eliminating GBVF.

Child Protection Week

LifeLine Durban Social Workers commemorated the Child Protection Week through various activities. Child Protection Week is an annual campaign dedicated to raising awareness about the importance of protecting children from all forms of abuse, neglect, exploitation and violence. It typically highlights the rights of children and mobilizes communities, government and civil society to take action in ensuring children's safety and well-being. The week serves as a crucial reminder that child protection is everyone's responsibility.

Our Child Protection Week campaign focused on these topics: Children's rights and responsibilities, Child Trafficking and Child Abuse, Bullying and Sexual grooming.

Child Protection Week and GBV awareness was conducted at Gcilima Primary School in Ward 07 of Ray Nkonyeni on 20 May 2024 with LifeLine Durban and Margate SAPS.

Awareness at Glen Height Primary School Bay View on 21 May 2024 to educate them about child abuse in commemoration of child protection week.

" You must not lose faith in humanity. Humanity is an ocean; if a few drops of the ocean are dirty, the ocean does not become dirty."

– Mahatma Gandhi

Youth Day

Youth Day, observed annually on June 16th in South Africa, commemorates the Soweto Uprising of 1976. It honours the bravery and sacrifices of young people who protested against the apartheid regime's education policies. Beyond remembrance Youth Day serves as a reminder of the ongoing importance of youth empowerment, their role in societal development and the need to address challenges affecting young people, including issues of violence and inequality.

On the 12th June 2024 the Social Auxiliary worker based at KwaNdengezi SAPS conducted a programme on Gender-Based Violence in commemorating Youth Day. The youth was given bicycles to empower and encourage them to focus on sport rather than be involved with crime.

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Women's Month

Women's Month is an annual commemoration, typically observed in August in South Africa and dedicated to celebrating the achievements of women and highlighting the ongoing challenges they face, particularly in the fight for gender equality and against issues like Gender-Based Violence and Femicide. It serves as a period for reflection, advocacy and renewed commitment to women's rights and empowerment.

On the 24th August 2024 the Social Worker based at Inanda SAPS conducted awareness focused on women and legal issues at Inanda SAPS Hall, Ward 56 in commemorating Women's Month.

16 Days of Activism

The 16 Days of Activism in December serves as a powerful reminder that violence against women and girls is a pervasive societal problem that requires collective action and sustained commitment to eradicate. LifeLine Durban has adopted a 365 days of activism against GBVF approach.

On the 4th December 2024 LifeLine Durban Social Workers conducted the 16 Days of Activism Against Women and Children in a peaceful march and it was a successful event. Commencing from King Dinuzulu Park to City Hall in Durban Area, Ward 27.

On the 4th December 2024 the Social Worker based at Kwadabeka SAPS conducted 16 Days of Activism Against Women and Children Awareness Programme and Peaceful Walk at KK Community Hall in Kwadabeka Area, Ward 21.

" The sole meaning of life is to serve humanity."
– Leo Tolstoy

On the 8th December 2024 Social Workers based at eThekwini North participated during 16 Days of Activism and GBV awareness at Kingsmead Cricket Stadium, in Durban, Ward 27.

16 days of Activism church awareness campaign at African Gospel Church in Ward 20 of Ray Nkonyeni with LifeLine Durban and Virginia Francis on the 21st November 2024 in balancing spiritual healing and psychosocial services.

1.2 MEN AND BOYS PROGRAMME

LifeLine Durban has implemented a Men and Boys Programme aimed at empowering men and boys with skills and knowledge on Gender Based Violence and Femicide to prevent them from being perpetrators of GBVF. The purpose of the programme is towards eliminating Gender Based Violence and allowing men to take a lead in bringing awareness to the communities. In the month of January 2024 all the programmes that were attended were very successful and effective. LifeLine Durban Social Workers are placed in the areas where these programmes are implemented in and community gatekeepers assisted in the success of the programmes.

The Social Worker encouraged openness and honesty during the discussions that took place in the programme activities. A safe space was created for all the attendees of these sessions and participants were free to express whatever they wanted to around issues that men face. Social values of respect and confidentiality was also maintained within a non- judgemental environment that was created. According to the planning that had taken place before the programmes were implemented everything that was planned had become successful even though they were some challenges in terms of getting venues but the Social Worker had arranged other alternatives such as using public spaces like grounds and the taxi rank.

A total of **12 492 beneficiaries** were reached through the men and boys programmes.

LifeLine Durban Social Worker addressing the audience at eThekwini Men's sector that was held on the 18th of June at Pinetown Civic Centre.

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DELIVERABLE 2

2.1 PROVISION OF PSYCHOSOCIAL SUPPORT TO ADULTS AND CHILDREN SURVIVORS OF GENDER BASED VIOLENCE AND FEMICIDE

A critical component of the comprehensive response to GBVF is the provision of robust psychosocial support to adult and child survivors. Gender-based violence inflicts profound emotional, psychological and often physical trauma, leading to a range of negative mental health consequences such as anxiety, depression, post-traumatic stress disorder (PTSD), substance abuse and suicidal ideation. For children witnessing or experiencing GBVF this can have long-lasting developmental and psychological impacts.

Psychosocial support services are designed to promote healing, resilience and overall well-being for survivors. These services typically adopt a survivor-centred approach, prioritising the individual's safety, dignity, rights and preferences. Key aspects of psychosocial support include:

- **Counselling and Therapy**: This can involve individual or group therapy sessions led by licensed mental health professionals (psychologists, social workers, counsellors). Trauma-focused therapies, such as Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR), are often utilised to help survivors process their experiences, alleviate distress and develop coping mechanisms.
- **Peer Support Groups**: These groups offer a safe space for survivors to connect with others who have experienced similar situations, fostering a sense of solidarity, reducing isolation and promoting mutual support and understanding.
- **Safe Accommodation and Shelter**: For those experiencing domestic violence or other forms of abuse, safe houses and housing programmes provide a secure environment to heal and regain stability, often alongside counselling and other support services.
- **Legal and Rights Information**: Providing survivors with information about their legal rights and available legal aid can empower them to pursue justice and protection.
- **Referral Mechanisms**: Effective referral systems ensure that survivors can access a full spectrum of services including medical care, legal assistance and economic empowerment programmes as needed.
- **Support for Children**: Psychosocial interventions for child survivors require specialized approaches, focusing on building trust, addressing trauma through age-appropriate activities and ensuring their overall well-being. Collaboration between social development and education departments is crucial in this regard.
- **Community and Family Support**: Encouraging supportive networks among friends, family and the community can be invaluable, though it is vital to ensure the survivor feels empowered to set boundaries and control their narrative.

The provision of quality psychosocial services is paramount to breaking the cycle of violence, enabling survivors to reclaim their voices, pursue their goals and contribute to a society free from GBVF. It requires sustained funding, trained professionals and a coordinated multi-sectoral approach involving government, civil society organisations and communities.

LifeLine Durban GBVF Programme is funded by the Department of Social Development to provide Psychosocial Support to:

- **6 Thuthuzela Care Centres:** Mahatma Gandhi TCC, Pixley TCC, Prince Mshiyeni Umlazi TCC, R. K. Khan TCC, General Justice Gizenga Mpanza TCC and Port-Shepstone TCC where all victims of sexual abuse are seen for the full variety of interventions. Five of these TCCs are operational 24/7 except for the General Justice Gizenga Mpanza TCC.

- **4 Crisis Centres:** G.J Crookes in Scottburgh, St Andrews in Harding, UMaphumulo Hospital at KwaMaphumulo and Addington Hospital.

- **51 Victim Friendly Rooms :**
  - **Ugu District VFRs**: Scottburgh SAPS, Sawoti SAPS, Umzinto SAPS, Hibberdene SAPS, Southport SAPS, Umsinsini SAPS, Mehlomnyama SAPS, Margate SAPS, Gamalakhe SAPS, Port Shepstone SAPS and Port Edward SAPS.
  - **iLembe District VFRs:** Ndwedwe SAPS, Nsuze SAPS, Glendale SAPS, KwaDukuza SAPS, UMhlali SAPS, New-Ark SAPS, Nyoni SAPS, Mandeni SAPS, Maphumulo SAPS and Sundumbili SAPS.
  - **eThekwini North District VFRs:** Pinetown SAPS, KwaDabeka SAPS, Mariannhill SAPS, Kwandengezi SAPS, Bellair SAPS, Newlands East SAPS, Cato Manor SAPS, Ntuzuma SAPS, Kwamashu SAPS, Inanda SAPS, Phoenix SAPS, Verulam SAPS, Tongaat SAPS, Sydenham SAPS, Durban Central SAPS, Berea SAPS and Umbilo SAPS.
  - **eThekwini South District VFRs:** Umkomaas SAPS, KwaMakhutha SAPS, Folweni SAPS, UMbumbulu SAPS, Mpumalanga SAPS, Hammarsdale SAPS, Umsunduzi SAPS, Bayview SAPS, Umlazi V Section SAPS, Lamontville SAPS, Isipingo SAPS, Amanzimtoti SAPS and Umlazi BB SAPS.
- **2 Clinics :** eThekwini North Pinetown Clinic and Lancers Clinic.

The total number of survivors who received psychosocial support services at the above-mentioned sites from March 2024- February 2025 were **23 955 survivors.**

2.2 SUPPORT GROUPS

Support groups have been developed for our GBVF survivors who have attended therapeutic sessions at the Thuthuzela Care Centres and Crises Centres. A support group is a gathering of individuals who share common experiences, challenges or circumstances coming together to offer mutual support, understanding and encouragement. These groups provide a safe and confidential space for participants to:

- **Share personal stories and feelings:** Members can openly express their thoughts, emotions and struggles without fear of judgment.
- **Gain empathy and understanding:** Being with others who truly "get it" because they've been through similar situations can reduce feelings of isolation and loneliness.
- **Learn coping strategies:** Participants often share practical tips, resources and insights they've discovered that help them navigate their challenges.
- **Receive emotional support:** The group offers a network of individuals who can provide comfort, validation and a sense of belonging.
- **Find empowerment and hope:** Witnessing others' progress and resilience and contributing to the well-being of others, can foster a sense of empowerment and optimism.

" Words mean more than what is set down on paper. It takes the human voice to infuse them with deeper meaning"
– Maya Angelou

At the General Justice Gizenga Mpanza TCC and Umphumulo Hospital Crisis Centre the number of GBV survivors who benefited from the support groups were **96 survivors.**

Support Groups held at General Justice Gizenga Mpanza Hospital.

DELIVERABLE 3: WHITE DOOR SHELTER AND PROTECTION UMDONI WHITE DOOR UPDATE

The LifeLine Durban White Door under Umdoni Local Municipality has moved from its old location following the contract termination. The new White Door is still located under Umdoni municipality and its goal still is to service the greater Ugu area.

White Door Respite Shelter set up:
Our White Door has the capacity to shelter 5 survivors.

- LifeLine Durban's White Door is at Umdoni Local Municipality in the Mandawe Area.
- Its objective is to provide victims of GBVF with a short-term accommodation, care and safety.

2024-2025 WHITE DOOR STATISTICS

	1st QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER
Number of survivors	05	11	10	06

A total of **32 survivors** were offered shelter in the reporting period of 2024-2025. The target for White Door is 20 survivors annually. This means that the annual target was overreached with 12 survivors.

DELIVERABLE 4: ECONOMIC OPPORTUNITIES

The main objective of the Economic Opportunities Programme for GBVF survivors is achieved through the skills programme activities that is aimed at holistically liberating GBVF survivors while promoting financial independence. This is done through encouraging growth and maintaining emotional wellbeing and stability of the survivor through the implementation of the personal growth course, the 10 Day HIV and AIDS course, the make-up and detergent making skills course. These are the skills that were chosen by the survivors through a needs assessment session that was conducted prior to the actual programme. Survivors feedback to the skills programme was positive. Survivors shared that the certificate they receive after each skills programme has enhanced employment opportunities. The valuable skills learnt has also made it possible for the survivor to generate income. Survivors were from Ugu District and eThekwini South District. The total number of survivors who benefitted through the skills programme was **220 survivors.**

20 Survivors were trained on detergent making in September 2024.

GBV survivors completing personal growth, financial literacy, detergent making and beauty therapy skills courses.

One of the survivors participated in the Women's Empowerment Programme where she was trained on personal growth, financial literacy, perfume making and beauty therapy. The programme was conducted from 13 May 2024 to 24 May 2024. She has successfully started her own perfume making business.

Kwa-Maphumulo Report – Community Chest

The core purpose of this Community Chest project is to equip young girls and boys with the knowledge and empowerment necessary to foster healthy relationships grounded in equality and respect thereby creating safer school communities. Unlike traditional approaches that may solely focus on perpetrators or victims, this initiative views teenagers as empowered individuals capable of confronting abusive behaviours among peers and providing support to those who have experienced abuse. It specifically empowers young women, not as potential targets, but as strong individuals who can advocate for themselves and others.

Key Areas of Focus and Approach

The project utilises a direct school visit approach integrating prevention strategies for gender-based violence and bullying. Key areas of focus include:

- **Gender-Based Violence and Intimate Partner Violence (IPV) Prevention:** Educating both young girls and boys on their crucial role in preventing GBV and IPV emphasizing shared responsibility and promoting positive standards of living for all.
- **HIV and AIDS and STI information sharing:** Providing comprehensive and age-appropriate information to empower youth with knowledge for informed decision-making regarding their sexual health.
- **Promoting healthy relationships**: Equipping teenagers with skills and understanding to cultivate relationships built on mutual respect, equality and consent.
- **Addressing weapon carrying in schools**: Recognising the concerning trend of children, particularly boys, carrying weapons to schools, the Social Worker actively addresses this issue through direct intervention and guidance within the school environment.
- **Parental support and education**: Acknowledging the need for parental guidance, the programme extends support to parents to help them understand and respond to behavioural changes in their children, fostering a more supportive home environment. This critical aspect led to a partnership with the Department of Social Development (DSD), Traditional Leaders, Asibathande Shelter and Khulani Chiliza Foundation to plan a dedicated programme for the Embo community at Sindi Tribal Court.
- **Combating bullying**: Despite existing anti-bullying programmes, the persistence of bullying in schools, often stemming from family-level abuse where victims externalise stress, remains a significant concern. This project continues to address this social ill by focusing on the underlying causes and empowering students to break cycles of abuse.
- **Psychosocial support for students**: Recognising the mental and emotional pressures students face, particularly during crucial periods like exam preparations, the Social Worker provides vital psychosocial support to help them manage personal challenges and maintain academic focus.

Partnerships

The success of this comprehensive programme is significantly bolstered by strategic partnerships. The Social Worker collaborates with key stakeholders including:

- **Department of Social Development (DSD):** For broader social welfare support and intervention.
- **Traditional Leaders:** To integrate cultural understanding and community leadership into the programme, particularly for community-level interventions.
- **Asibathande Shelter:** Providing crucial support and safe spaces for those affected by violence.
- **Khulani Chiliza Foundation:** Contributing to community-based initiatives and resource mobilisation.

These collaborations enable a holistic and multi-faceted approach to addressing complex social issues within the community.

" If you change the way you look at things, the things you look at change."

– Wayne Dyer

There were **5045 beneficiaries** reached through the outreach programme and **119 students** who received psychosocial support services within the reporting period.

Community Chest Grant annual statistics for the period of 2024-2025

No.	Name of School	Month	Beneficiaries: Educators and learners for an awareness	Beneficiaries of psychoso-cial support services
1.	UMvoane Primary School	March 2024	220	08
2.	Mbonqeni Primary School	April 2024	160	10
3.	Ikhusana Combined School	May 2024	460	10
4.	Qabavu Primary School	June 2024	180	07
5.	Woza Primary School	July 2024	229	10
6.	Ebukhosini Primary School	August 2024	581	10
7.	Fundani Primary School	September 2024	412	06
8.	Mqungebe Secondary School	October 2024	501	10
9.	Qwabe Secondary School	November 2024	686	16
10.	Qwabe Secondary School	December 2024	-	07
11.	Tshutshu Secondary School	January 2025	894	14
12.	Lethithemba Secondary School	February 2025	722	11
		TOTAL	**5045**	**119**

Qwabe Secondary School Community Chest programme on 3 November 2024 where the Social Worker addressed the learners about healthy living and Gender Based Violence.

Gender-Based Violence Femicide Response Fund Prevention Programme District of iLembe

LifeLine Durban provides comprehensive end-to-end services for Gender-Based Violence and Femicide (GBVF) to which we wanted to further include a structured GBV prevention curriculum. The goal of the GBVF Response Fund Prevention Programme is to provide an impactfully structured GBV prevention component to the already existing LifeLine Durban DSD funded Response to Care Victim Empowerment Programme in the iLembe District Municipality.

The added prevention component provides a comprehensive support package of services to vulnerable adolescent girls and young women (10-24 years) and responds to Pillar 2 - prevention and rebuilding social cohesion that focuses on strengthening the delivery capacity to rollout effective prevention programmes. Aligned with the above-mentioned pillar, the key proposed GBVF intervention activity is the No Means No (NMN) Basics – Worth defending GBV prevention curriculum that is implemented as a manner of preventing and fighting the social ills that affect the community. No Means No is a self-defence skills programme targeted at 15 -24-year-old beneficiaries that are considered high risk. The objectives focus on conflict management techniques including boundary setting, diffusion tactics, verbal assertiveness and negotiation. The impact of No Means No on youth at high risk is increased disclosures amongst girls and boys and effective referrals for comprehensive support.

LifeLine Durban engaged directly with No Means No Worldwide (NMNW) team through meetings and discussions and commenced a partnership by signing a collaboration agreement. Prior to this LifeLine Durban engaged with NMNW through the USAID NACOSA DREAMS platform as a sub recipient as an implementing partner.

Worth Defending

No Means No Basics is a 90-minute, evidence-informed curriculum developed by No Means No Worldwide (NMNW). Designed for youth, this programme delivers essential mental and verbal self-defence skills, aiming to prevent gender-based and sexual violence. It is taught in schools and community settings by trained facilitators and is an abridged version of NMNW's full 10-hour curriculum.

The core philosophy of the programme is rooted in Empowerment Self-Defence (ESD)—a survivor-centred feminist approach that teaches youth to understand and resist violence using their five personal weapons: Spirit, Mind, Eyes, Voice and Body.

Objectives

- Understand gender norms, power imbalances and the cycle of violence.
- Learn and define consent, boundaries and types of violence.
- Practice assertive communication, awareness and de-escalation strategies.
- Promote survivor empowerment and combat victim-blaming.

Program Components

- **Self-Defence Basics**: Students learn that self-defence is anything done to maintain safety—not just physical fighting but mental and verbal strategies too.
- **Understanding Violence**: The session addresses the roots of violence, harmful gender norms and the abuse of power. It teaches youth to recognise different forms of violence including emotional and sexual abuse and how these may escalate.
- **Mental Skills**: Awareness and deep breathing are taught to manage fear, tap into intuition and remain calm under stress.
- **Verbal Skills**: Participants practice assertiveness (e.g., saying "No") naming inappropriate behaviours and setting verbal boundaries. De-escalation techniques are taught for high-risk situations including negotiation, distraction and using calm body language.
- **Empowerment and Closure**: The session ends by affirming every participant's right to safety, encouraging help-seeking behaviour and reinforcing that survivors are never at fault. The closing circle includes a community affirmation: "I AM WORTH DEFENDING!"

"You never know how strong you are until being strong is your only choice."

–Bob Marley

Impact

Though brief, the programme has a profound effect on participants' confidence, boundary-setting skills and their ability to prevent and respond to unsafe situations.

No Means No Prevention Awareness Workshop – 2.5 Hours 15–24-year-old Females	**0-14** **Year old female**	**15-24** **Year old female**	**25+** **Year old female**	**Males Reached**	**Overall Totals**
May / Jun 2024 (3-day w/shop)		235			**235**
June 2024		7			**7**
July 2024	145	848	10		**1003**
August 2024	453	2062			**2515**
September 2024	44	536			**580**
October 2024	54	1983	1		**2038**
November 2024	25	894	15		**934**
December 2024	60	3127	33	24	**3244**
January 2025	219	2513	14		**2746**
February 2025	1160	4044	137	335	**5676**
Total	**2160**	**16249**	**210**	**359**	**18978**

This table details the implementation progress towards the annual target of 20 000 females between 15-24 years old.

During March and April 2024 LifeLine Durban completed recruitment, interviewing and appointment of the GBV Prevention coordinator and facilitators. On 29-30 April 2024 two community facilitators and the GBVF programme manager were trained on the No Means No workshop by certified NMNW master trainer by the LifeLine NACOSA USAID DREAMS project. The training was co-facilitated at the LifeLine DREAMS GBV project satellite office in the District of Ugu and included training on financial literacy, sexual reproductive health information and mentorship.

For the month of May 2024 there were 140 female participants who successfully attended the 3 days GBVF prevention workshop within the community setting covering the following sessions: *No Means No, Sexual Reproductive Health and Financial Literacy*. The workshops are co-facilitated and meals are provided for the participants attending. The two-gender based violence femicide (GBVF) facilitators successfully co-facilitated the 3-days No means No prevention workshop to a total of 95 young girls and women in the month of June 2024.

Prevention activities from March to June 2024

VEP meeting presentation on 26th June 2024 -NMN instructors presenting the awareness programme, demonstrating physical and vocal skills

GBVF Coordinator addressing participants at a group visit at Mzimela Residence in KwaDukuza, iLembe on 6 June 2024.

Participants attending NMN Prevention workshop at Enduduzweni Community Centre in iLembe on 28th,30th and 31st May 2024.

"Leadership is about empathy. It is about having the ability to relate to and connect with people for the purpose of inspiring and empowering their lives."

– Oprah Winfrey

Above and left: 3-day NMN workshop held at Enduduzweni Care Center in iLembe 19th to 21st June 2024.

NMN 3-day group conducted at Enduduzweni Care Center on 11th to 13th June 2024.

In July 2024 the implementation strategy was realigned. LifeLine Durban projected that over the 2 years of the contract, the realignment will be quite comprehensive and this called for the capacitation of the LifeLine Durban's gender-based violence programme social workers from the iLembe district. The training was conducted by the two facilitators on the 25th and 27th June 2024. A training toolkit covering the prevention awareness programme topics was compiled, printed and provided to the social workers as an implementation guide.

The implementation locations were across all 5 sub districts of iLembe: KwaDukuza, Mandeni, Bhamshela, Ndwedwe and Maphumulo. The areas of implementation focused on secondary schools and TVET colleges. Our target ages was 15–19-year-olds from secondary schools and TVET colleges and 20–24-year-olds from TVET Colleges and 75 % remained as adolescent girls and young people while key populations sex workers, youth at high risk, LGBTQI made up the remaining 25%. The annual target was set at 20 000 Adolescent Girls and Young Women between the ages of 15-24 years old and implementation commenced on 28th June 2024.

On 16th July 2024, learners benefitted from the prevention workshop held at Guzana Secondary School in the Shakaskraal area of the KwaDukuza district.

	Annual Target:	Quarterly Target:				Monthly Target:
		Mar/Apr/ May	Jun/Jul/ Aug	Sep/Oct/ Nov	Dec/Jan/ Feb	
Year 1:	20 000		2858	8571	8571	2857
Year 2:	20 000	5000	5000	5000	5000	1667

The bootcamp style prevention workshop is an impactful balance of essential information sharing and it is skills packed with activities directed at GBVF prevention as well as HIV and AIDS acquisition, as consequence of GBV. It eloquently strengthens the DSD funded GBV Response to care programme. The LifeLine DSD GBV programme identifies schools and gain entry to schools to provide awareness on GBV under the socio crime prevention awareness mandate.

Prevention programmes held at Thukela Secondary School on 17 July 2024 in Sundumbili area of Mandeni.

On the 31st July 2024 LifeLine Durban submitted a quarterly report to NMN Worldwide comprising of 235 captured pre and post surveys for the 7 groups conducted within community setting, registers and photographs of activities covering the period of reporting:

1. Participant Overview

Pre/Post Surveys Completed: 235 matched pairs (100% completion rate).
Delivery Method: 3-day bootcamp outside schools – Community Settings.

2. Attitudinal Changes (Pre vs. Post)

STATEMENT	PRE-TEST	POST TEST	% CHANGE	KEY INSIGHT
1.1 I am worth defending.	13%	60%	47%	4.6 X increase in Self-Worth
1.2 I can use any means to escape an attacker.	8%	55	47%	Critical shift in self-defence mindset.
1.3 Girls are weak and passive.	45%	80%	35%	Rejection of harmful stereotypes.
1.4 My voice can be a weapon against assault	20%	65%	45%	Empowerment in verbal resistance.
1.5 I can use self-defence on someone I know.	18%	55%	37%	Confidence against known perpetrators.
1.6 It's important to seek help after assault	22%	68%	46%	Improved help-seeking behaviour

"True belonging doesn't require us to change who we are. It requires us to be who we are."
– Brene Brown

3. Knowledge Gains (Pre vs. Post): Average Knowledge Improvement: +49%

QUESTION	PRE-TEST	POST TEST	% CHANGE	KEY INSIGHT
2.1. What is the main safety goal of empowerment self-defence? (Answer: Get away)	25%	70%	45%	Understanding core objective
2.2. What are the three types of assault? Verbal, intimidation, physical)	15%	65%	50%	Recognition of non-physical violence
2.3. When is an attack the girl's fault? (Never)	30%	85%	55%	Strong rejection of victim-blaming
2.4. What are the four visible signs of awareness? (Alertness, body language, etc.)	10%	60%	50%	Improved situational awareness
2.5. If attacker covers my eyes and I cannot see, what should I do? (Use free limbs to fight)	12%	58%	46%	Practical skills retention

4. Key Successes:

- 100% Completion Rate: All 235 girls attended all sessions, demonstrating programme engagement.
- Disclosure and Support: Between March 2024 to May 2024 under the community setting there were 4 referrals from the groups to the LifeLine Durban DSD programme social worker. Between July and October 2024 there were a total of 67 disclosures stemming from the prevention intervention awareness workshop. Of these disclosures there were a total of 67 debriefing psychosocial counselling referrals conducted by LifeLine Durban social workers. 57 of these were counselling for GBV. 10 were counselling for other issues and challenges disclosed by learners. 30 were referrals to other local partnering stakeholders, i.e., ChildLine and Department of Social development. Amongst the types of referrals were of bullying, domestic violence, sexual abuse, physical abuse and teenage pregnancy. The social workers continue to follow up on the cases within their workload to ensure that the learners receive the necessary support. The two disclosures in November were for GBV psychosocial counselling. The last quarter of year 1 (Dec/Jan/Feb) ended with a total of 55 referrals: 46 domestic violence psychosocial counselling seen by LifeLine Durban social workers; 4 Domestic Violence, 2 sexual assault psychosocial counselling referrals and 1 behavioural referral to ChildLine; 1 Sexual assault psychosocial counselling and 1 neglect to DSD Office—proof of NMN's role in breaking silence.
- Critical Shifts: Largest improvements in:
  - Rejecting victim-blaming (+55% on Q2.3).
  - Self-defence confidence (+47% on Q1.2).


GBVF Prevention Awareness Workshop at Stanger South Secondary in Kwa Dukuza, iLembe in August 2024.



GBVF Prevention Awareness Workshop at Hulsug Secondary School in KwaDukuza in August 2024.


GBVF Prevention Awareness Workshop at Mthengeni Secondary School in Mandeni on 9 September 2024.


Social Worker addressing learners on NMN Basics Worth Defending in October 2024.


Siyaphumulo Secondary receiving NMN Basics Worth Defending awareness with supporting partner, ChildLine on the 16th October 2024.



Manaba Secondary Learners receiving NMN Basics on the 8th October 2024.

Kuthalani School GBVF Prevention Awareness on 18th October 2024 in KwaDukuza.

Adineville School in Ward 10 KwaDukuza on 24 October 2024 attending the GBVF Prevention Programme.

Tinley Manor Primary School in KwaDukuza on 24 October 2024 attending Prevention Group Programme.

" We cannot live only for ourselves. A thousand fibers connect us with our fellow men."

– Herman Melville

GBVF Prevention Awareness Programme conducted at SASSA Mandeni Office, Ward 15 on the 15th of November 2024.


GBVF Prevention Awareness Programme at Mbuyiselo High School Sundumbili in Mandeni.



GBVF Prevention Awareness Programme on 6 November 2024 at ETETE Community Hall, Ward 07 in KwaDukuza.

GBVF Prevention Programme at Tete Community in KwaDukuza on the 4th of December 2024.

Recruitment of participants at Groutville Sport Ground Youth Event, Ward: 10, on 29 December 2024.


Social Workers based at Nsuze SAPS conducted awareness programme based on Gender Based Violence on the 5th December 2024 at Hlalakahle Community Hall ward 07


GBV Prevention awareness programme at Ndwedwe Jonny Makhathini Hall Ward 15 in KwaDukuza on the 3rd December 2024.

" If your actions inspire others to dream more, learn more, do more and become more, you are a leader."

– John Quincy Adams


iLembe conducting GBVF holiday programme at Blythedale Beach on the 27th December 2024.


Social Workers at Umfolozi TVET college on 14 February 2025 recruiting participants for NMN worth defending programme.


NMN Worth defending prevention programme conducted with youth girls recruited at Mathonsi Tribal Court in Mandeni on 9 February 2025.

A planned event with SAPS and other stakeholders was held on Saturday 1 February 2025 at Lihlethemba High School in KwaDukuza. Social Workers recruited learners prior to event. The Worth defending programme was conducted with the learners after the march was completed with stakeholders and learners. All the community members gathered to partake in the events.

Mandeni Tugela Lower Primary School together with NEWARK SAPS planned the event at the school to address the challenge of bullying and GBV prevention on 12 February 2025. Newark SAPS covered a programme of bullying and the social worker conducted the NMN worth defending programme with learners.

Facilitation of NMN Worth defending prevention programme at ML Sultan High School in KwaDukuza on 06 February 2025.

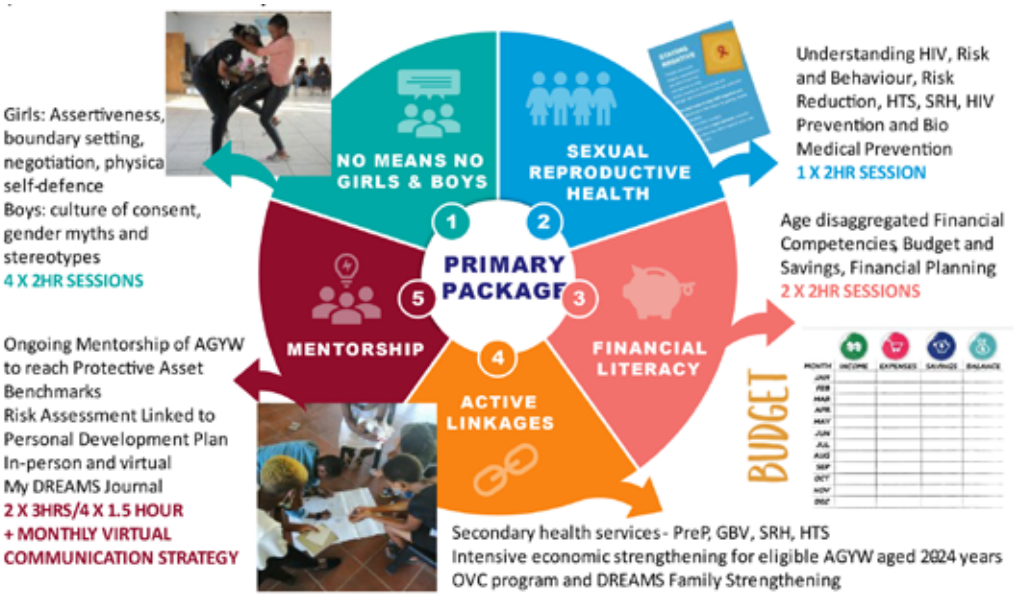
Community-Based Violence Prevention and Linkages to Response Programme

Dreams GBVF project is a community-based project focusing on prevention and response to care. The goal of the Community-Based Violence Prevention and Linkages to Response in South Africa (a DREAMS initiative) is to reach HIV epidemic control (95-95-95) by providing a comprehensive support package of services to vulnerable adolescent girls and young women aged (10-24 years) to mitigate against HIV acquisition through the provision of the following mandates: Response to care and prevention interventions. NACOSA is the principal recipient (PR) of this grant funded by USAID and LifeLine Durban is the sub-recipient (SR) implementing in the four sub-districts of Ugu which are: Umdoni, Umzumbe, Ray-Nkonyeni and Umuziwabantu. We are a community entry point to the DREAMS package of interventions and our role is to make sure that all beneficiaries complete the minimum package of interventions. The project is layered with the DREAMS secondary partners namely WITS/RHI (our DREAMS testing partner) and SMART HR Solutions / Pact Achieve (intensive economic strengthening partner) for their interventions.

The diagram below shows the primary package intervention and layering that a DREAMS girl needs to go through to graduate as a PP-PREV beneficiary.

" There are three essentials to leadership: humility, clarity and courage."

– Chan Master Fuchan Yuan



1st Mandate: GBV Response to care

One cannot separate GBV and HIV and AIDS infections hence the DREAMS project addresses the inter-relation between the two concepts by addressing GBV prevention, its causes and impacts. The project is concerned about those who are already affected by GBV. To respond to GBV LifeLine Durban has 9 case managers/social workers and three GBV ambassadors whose job is to bring about awareness, provide psychosocial and adherence support to those survivors that are already affected by HIV and AIDS across all 10 sites within 4 different sub-districts of Ugu namely Umuziwabantu (St. Andrews Hospital; Ray-Nkonyeni (Margate Clinic, South Port Clinic, Mbunde Clinic, Bhobhoyi Clinic, and Izingolweni Clinic); Umzumbe (Mfundo Arnold Lushaba and Assis clinic) and Umdoni (Dududu Clinic and Umzinto Clinic). We are a completely decentralized model targeting survivors aged 10-24 years both AGYW and ABYM. This mandate focuses more on the sexual violence cases rather than on the physical and emotional violence cases. We also do referrals to other stakeholders and to our prevention programme where necessary. The case manager's/social worker's mandate is to make sure that each survivor has been provided with a minimum package of services that include but are not limited to psychosocial support services, pre-exposure prophylaxis (PREP), post-exposure prophylaxis (PEP), STI screening, emergency contraception, HIV testing services (HTS) and treatment to injury. The goal is to curb the spread of HIV and AIDS and GBV while promoting reporting of cases within 72 hours.

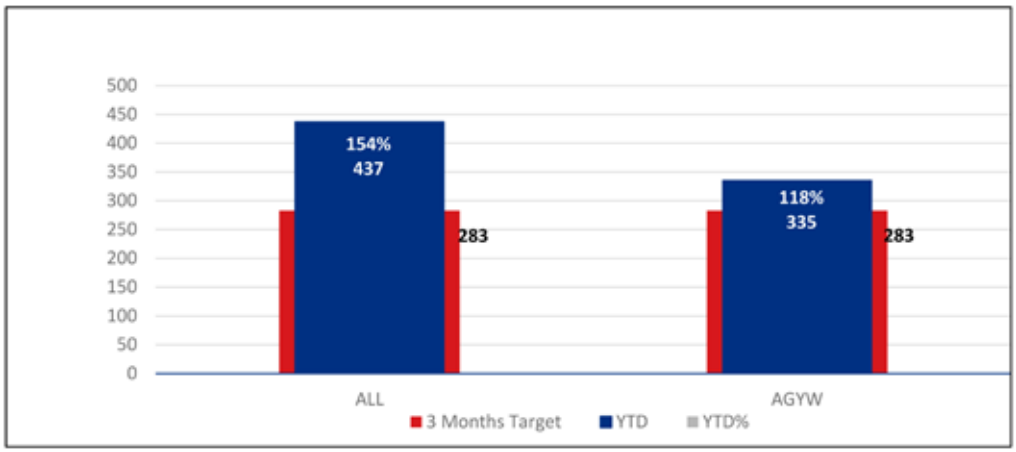
LifeLine Durban
Mental and Emotional Health for All

Awareness Campaigns

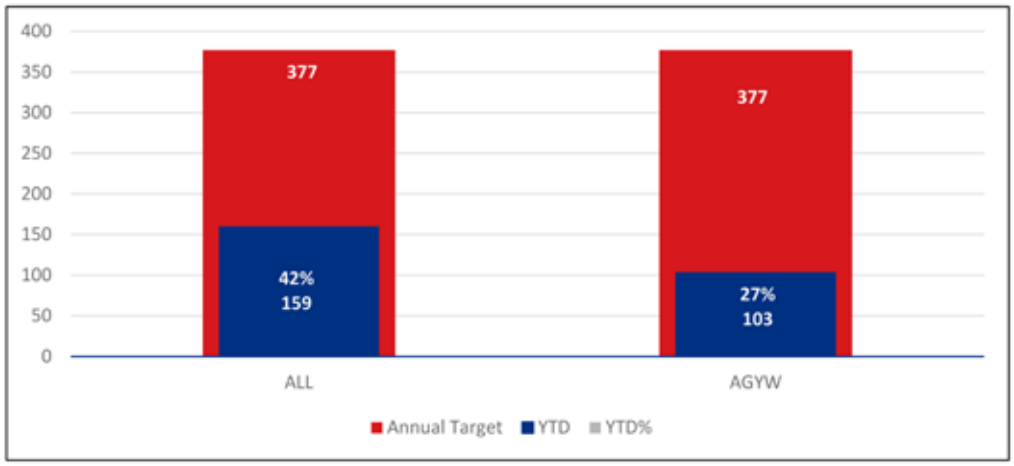
Awareness creation is one of the most important aspects of the National Strategic Plan as it enhances the reporting of cases while also bringing about awareness between the myths and facts about Gender–Based Violence in relation to HIV and AIDS. During this financial year awareness's were done within the hospital and clinic waiting areas, in schools and within the community.

Awareness creation at Gobume High School on the 16th of August 2024 where our social worker addressed the learners about sexual assault and bullying.

We also refer our survivors to our prevention programmes to ensure completion of a DREAMS package of intervention. The aim is to empower our beneficiaries with physical and mental skills that are provided during the No means No(NMN) groups. This skills are designed to assist our beneficiaries to get away safe when encounter a challenging situation.



This graph represents our target reached for the GBV response mandate from 1 March 2024 to 30 September 2024.



This graph represents our target reached for the GBV response mandate from 1 October 2024 to 31 January 2025.

Our annual target was 377 survivors of Gender-Based Violence that were to be provided with our DREAMS minimum package of service across all four sub-districts in 10 facilities. When we halted implementation as per the USAID government directive at the end of January 2025, we were at 42% for the overall reach which was 159 survivors and 27% reach on the adolescent girls and young women (AGYW) which was103 survivors.

This tells us that the number of reported cases is increasing which means that the awareness sessions have been effective. At the same time, it also tells us that there is a lot to be done with the AGYW because they are the most vulnerable age cohort.

2nd Mandate : Prevention

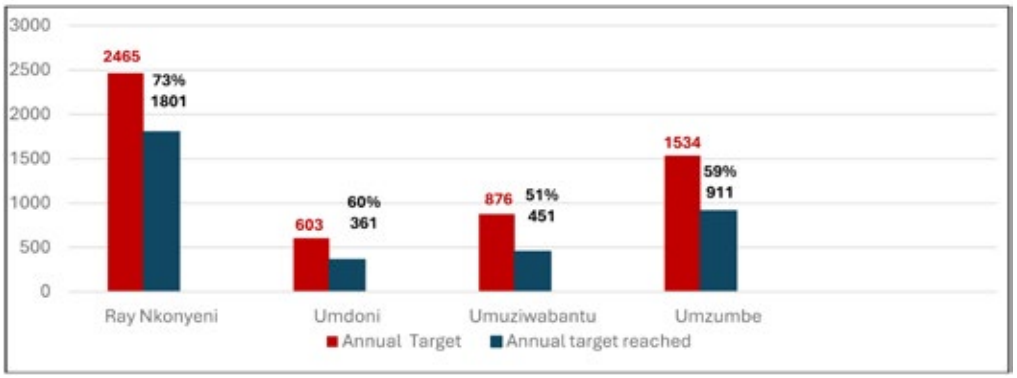
It has been proven that power imbalance is one of and the most contributing factor of Gender-Based Violence. Survivors do not have negotiation powers. The DREAMS prevention programme aims to develop adolescent young women and girls who are Determined, Resilient, Empowered, Aids Free, Mentored and Safe through the prevention programme which has a number of interventions namely:

1. Start Awareness Support Action (SASA);
2. No means No intervention (NMN);
3. Sexual Reproductive Health (SRH);
4. Financial Literacy (FL); and
5. Mentorship programmes for adolescent girls and young women only.

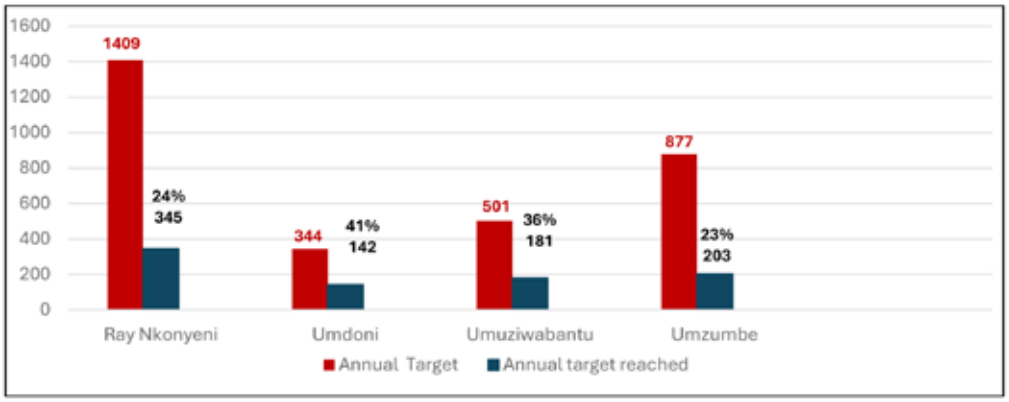
This intervention targets both AGYW and ABYM with the main focus on adolescent young girls aged 15-24 years. It provides the AGYW with the accurate and relevant information they need in a conducive non-judgmental environment. The programme believes that it takes a village to raise a child which is why we believe in layering with other stakeholders and DREAMS partners. All these interventions form part of the minimum package of care.

" Love one another. We don't need more instructions; we need more examples."

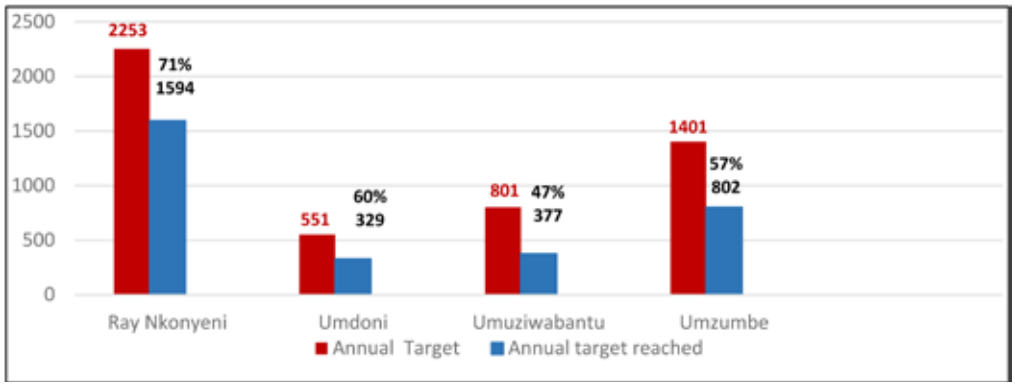
– Bob Goff



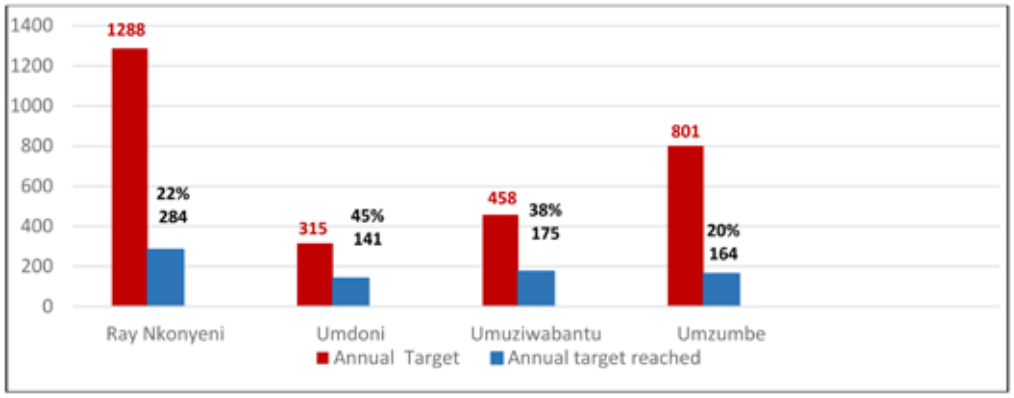
This graph represents our Prevention and Awareness programmes reach from March 2024 to September 2024 against the targets per sub-district.



This graph represents our overall Prevention and Awareness programmes reach from October 2024 to February 2025 per sub-district against the annual target. The programme ended abruptly due to the suspension of the USAID grant.



This graph represents the No Means No target reached from March 2024 to September 2024.



This graph represents the No Means No target reached from October 2024 to January 2025.

1. Start Awareness Support Action (SASA)

This intervention is facilitated to the 25+ age group of influential persons to prevent Gender-Based Violence and HIV and AIDS by providing fundamental information that gives an understanding of the root causes of Gender-Based Violence and the link between GBV and HIV and AIDS. LifeLine Durban believes in coordination, empowerment and rebuilding social cohesion (2nd Pillar of the National Strategic Plan 2020-2030).

This intervention empowers the influential persons who are most likely to be the traditional leader, ward counsellors, community-based organisations, soccer and netball club coaches, etc. with the information they can use even when the project is completed. It enables them to know how to handle or deal with GBV cases.

SASA group which took place on the 8th January 2025 at Mandawe area under Umdoni sub district. This was the group of elders where discussion was based on the root causes of HIV and AIDS and GBV.

Sub District	Annual Target	Annual Achieved	Annual to Date % Achieved
Ray Nkonyeni	212	204	96%
Umdoni	52	31	60%
Umuziwabantu	76	74	97%
Umzumbe	132	110	83%
	472	419	89%

This table represents our reach from March 2024 to September 2024 against our annual target per sub-district.

Sub District	Annual Target	Annual Achieved	Annual to Date % Achieved
Ray Nkonyeni	121	91	75%
Umdoni	30	31	103%
Umuziwabantu	43	6	14%
Umzumbe	76	55	72%
Total	270	183	68%

This table represents our reach from October 2025 to January 2025 against our annual per sub-district.

"What mental health needs is more sunlight, more candor, and more unashamed conversation."

– Glenn Close

2. No Means No Worldwide (NMNW) Programme

This intervention focuses on adolescent girls and young women as well as adolescent boys and young men between the ages of 15-24 years old. This intervention aims to prevent any type of violence by equipping young girls with skills and strategies they can use when being attacked to defend themselves. For males the focus is on behaviour change where they are taught what must be done and how to protect young women in communities when violated.

3. Sexual reproductive health

This intervention focuses on building sexual health assets such as educational talks on HIV and AIDS, sexual orientation, etc. for young girls and boys so they will be able to make informed decisions regarding their health. LifeLine Durban is not a testing and treatment partner. During this intervention we invited our DREAMS testing partner WITS/RHI who tested our participants and initiated PREP to those who were eligible for it.

4. Financial literacy

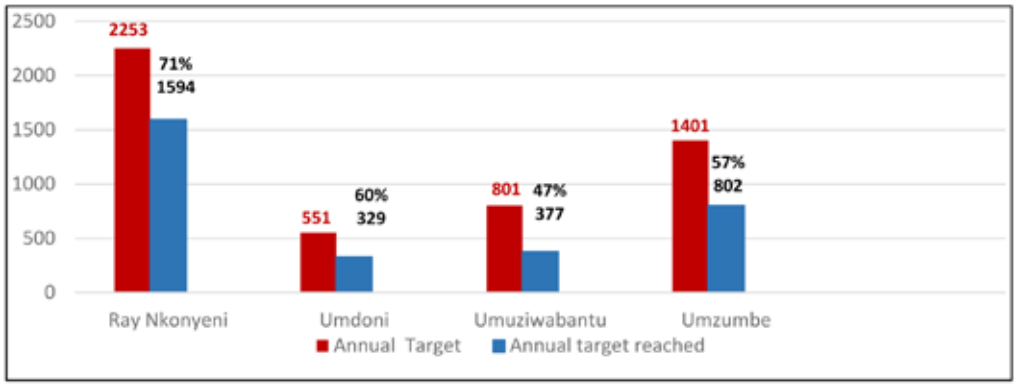
This intervention aims to provide basic financial literacy knowledge and skills (the value of money, the difference between needs and wants, financial goals setting, budgeting and saving). It allows the AGYW to make an informed decision when it comes to their finances, future planning and overall well-being by reducing the risk associated with the need for money. It is provided to all our age cohort 15-24 years both AGYW and ABYM. Our age cohort is grouped according to their cognitive thinking: the 15-19 years are grouped together and 20-24 years are grouped together. They all receive this intervention including the boys. However, because the AGYW aged between 20-24 years seem to be the most vulnerable to economic/ financial abuse this intervention is strengthened strictly for them to include an intensive economic strengthening which is done by our DREAMS partner Pact/ Smart HR solutions. During this economic strengthening they are given starter kits to start their own business, taught how to write CVs and they get assistance with job applications.

LifeLine Durban
Mental and Emotional Health for All

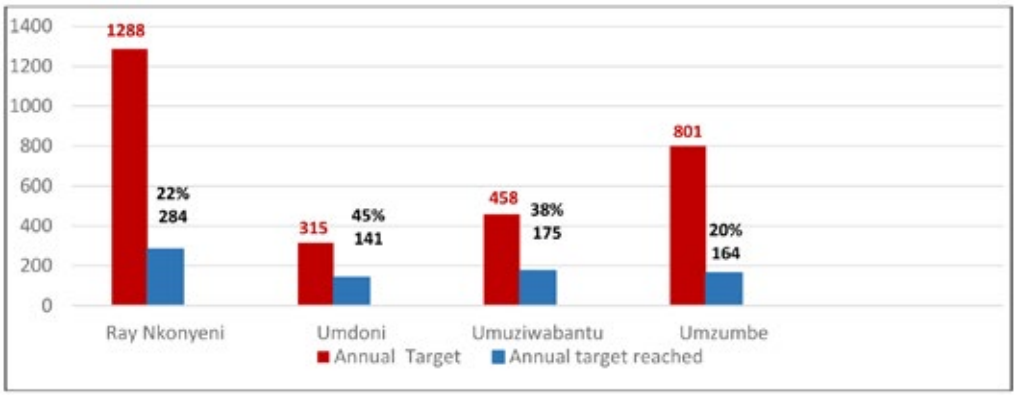
5. Mentorship programmes for adolescent young girls and women

This mentoring intervention aims to guide and meet the needs and wants of our beneficiaries. It is provided to girls only. Wwe do not mentor the targeted boys. The girls are mentored for six months with a gap of three weeks between each mentorship.

Graduation of our beneficiaries who have completed the primary package of the DREAMS programme at Oslo College under Ray Nkonyeni on the 6th August 2024.



This graph represents our No Means No target reached from March 2024 to September 2024.



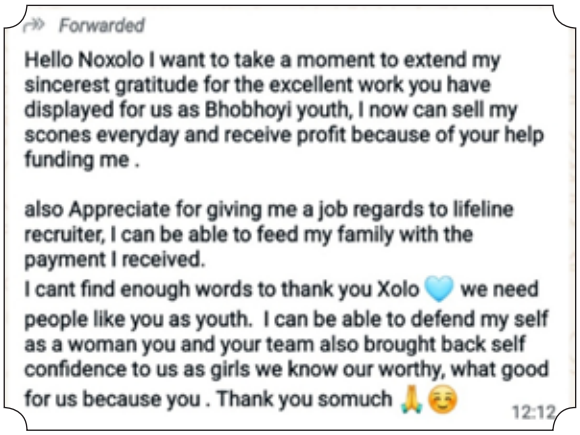
This graph represents the No Means No target reached from October 2024 to January 2025.

Testimony:

We had a young woman aged 23 years that attended our Dreams programme. The beneficiary was experiencing domestic violence at home which also included financial abuse from her mother who did not want her to save her money but instead to contribute to the household. The beneficiary wanted to save her money to study as she wanted to become a paramedic. The beneficiary met with our No Means No instructor, who saw the vulnerability in her and introduced her to the DREAMS programme. After joining the No Means No programme at LifeLine Durban the beneficiary's mindset changed and she was motivated to start her own small business. LifeLine Durban layered her with other DREAMS partners where she received a starter pack and a cell phone from the Intensive Economic Strengthening partner to (IES) and she started selling chips. She also joined a stokvel and in December 2024 she took that money that she earned together with her savings and built her own house and continued with her small business.

Success Story:

The programme has shown a positive impact in the communities and schools and we continued to empower AGYW to become assertive and independent women. This message was received by one of our community facilitators from her previous beneficiary attests to this.



Forwarded

Hello Noxolo I want to take a moment to extend my sincerest gratitude for the excellent work you have displayed for us as Bhobhoyi youth, I now can sell my scones everyday and receive profit because of your help funding me .

also Appreciate for giving me a job regards to lifeline recruiter, I can be able to feed my family with the payment I received.

I cant find enough words to thank you Xolo 💙 we need people like you as youth. I can be able to defend my self as a woman you and your team also brought back self confidence to us as girls we know our worthy, what good for us because you . Thank you somuch 🙏☺️

12:12

Ithubalethu – Key Population – Global Fund Sex Work Programme

South Africa ranks 8th globally in terms of TB cases, accounting for 3.3% of the total global TB cases and ranks 1st in HIV cases, with an estimated 7,800,000 people living with HIV accounting for 13% of the global HIV cases. Africa is also the region with the highest cases of HIV and TB co-infection (individuals infected with HIV and active TB), with South Africa contributing to an astounding 50% of these. Looking ahead to 2030, the World Health Organization (WHO) continues its resolute stance against TB through the "End TB Strategy". It is a holistic strategy that includes :

(1) integrated patient-centred care to ensure equitable access for individuals affected by TB
(2) implementation of inclusive policies and robust systems to address social determinants, strengthen health care systems and provide financial protection;
(3) driving innovation through intensified research;
(4) mobilising communities for awareness and reducing stigma and discrimination;
(5) fostering international collaborations for migrant populations; and
(6) enhancing data-driven decision-making and adaptive strategies.

These interconnected elements collectively strive to eliminate the global burden of HIV and TB and promote a healthier world.

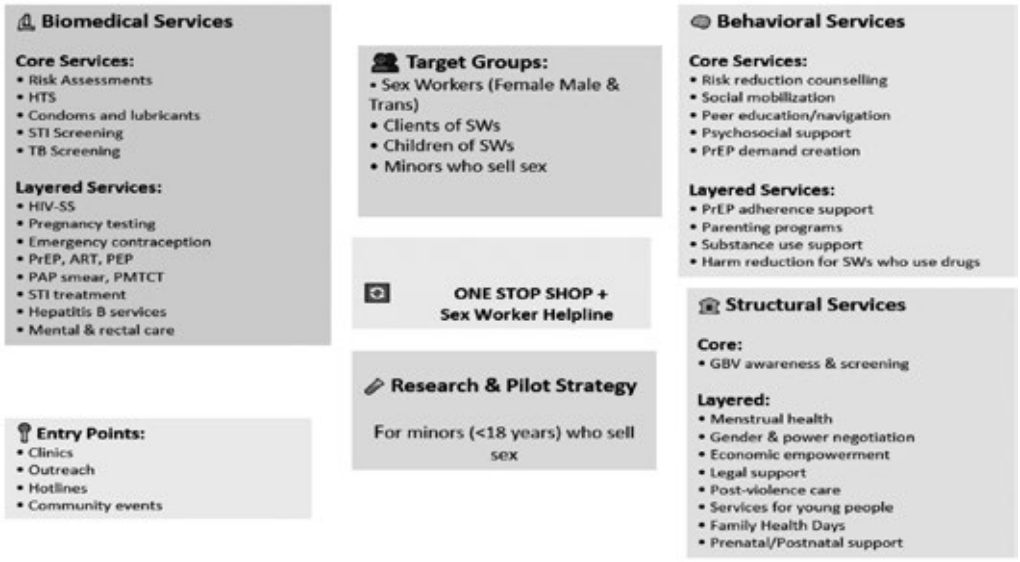
Introduction

So how does the Lifeline Sex Work Programme contribute to this healthier South African society that the WHO together with the National Strategic Plan strive for.
Prevention and treatment of HIV and TB for key population continues as the programmes top priority. The main goals are aligned with Joint UNAIDS aim for testing and prevention interventions for those who remain negative and treatment and viral suppression for those who are HIV positive.
(TUTT) Targeted Universal Testing for Tuberculosis is a strategic shift in TB case identification, particularly for high-risk populations like people living with HIV. Research shows that 70% of TB cases in PLHIV occurred among those not on ART, emphasizing the need to prioritize this subgroup. Hence this intervention commenced in Year 3 of our Global Fund grant.

The AFSA Sex Worker Programme

The Global Fund National Funding Model (NFM3) for the programme ended in March 2025. Due to the executive order that froze PEPFAR funding which covered 17% of our country's HIV budget late January, our current programme was extended to Sept 2025, with the new grant cycle commencing on 1 October which may change significantly.
The programme remained unchanged in the past financial year with its focus on structural and biomedical services aligned to the National Sex Worker Plan 2023 to 2028, which now promotes a new and urgent focus to reduce inequalities for all people living with HIV, TB and STIs and to those who are not benefitting from treatment and care services.

Global Fund NFM 3: Comprehensive Service Package



Core Package

The core package comprises a risk assessment, outreach mobilization by peer educators for HIV negative and positive sex workers with specialised applicable services viz offer of male and female condoms and lubricants, offer of HIV testing services, TB and STI screening, risk reduction counselling, psychosocial support, PrEP demand creation, GBV and Mental Health screening and awareness on Human Rights violations.

Layered Services

Biomedical: Assisted self testing with HIVSS kits, pregnancy testing, annual pap smear, cervical cancer awareness, screening, provision of PrEP, PEP, ART initiation or linkage, viral load monitoring, PMTCT, termination of pregnancy, screen and treat STIs, TPT, TB, Hepatitis B screening and immunization, mental health services, hormone therapy (for trans sex workers) and rectal care (for male and trans sex workers).
Behavioural: PrEP use support, peer-led adherence support, parenting support, harm reduction (for sex workers who use drugs), substance use support.
Structural: Community empowerment, dignity packs, gender-transformative condom negotiation, economic empowerment, reporting human rights violations, sensitizing healthcare workers and HTA, legal services, post-violence care, interventions for young people who sell sex, HIV service uptake for clients and partners, referrals to Sisonke.
Children of Sex Workers-: A component aimed at children of sex workers. Support groups for sex workers who are parents to share information on perinatal health (including mental health), SRHR, child health, child development, and parenting skills. The Mothers for the Future was only a pilot in year 2 with nothing further this current year. We incoporated some of the activities from Circles of Support into Family Days held each quarter.
Clients of Sex workers: Occupational Health and Safety standards for sex work was developed together with engagement with clients of sex workers around their own sexual health and well being. After the training we created a curriculum which we facilitated as a pilot in each subdistrict.
Minors (<18 years) Who Sell Sex: A strategy to address minors did not take off as planned for this niche group
Economic Strengthening and Livelihoods: Core elements of the programme are training in financial access and enterprise development, financial education, work readiness, food security and tailored educational support opportunities for young sex workers.

" Darkness cannot drive out darkness: only light can do that. Hate cannot drive out hate: only love can do that."

– Martin Luther King Jr.

April 2024 to March 2025 – Ugu District
Year on Year - Progress versus Planned Activities

Indicator	YEAR 3			YEAR 2			Year 1		
	Actual	Target	%	Actual	Target	%	Actual	Target	%
Unique Reach	2 716	2 474	110%	2 908	2 483	117 %	3 143	2 979	106%
Clients/Partners	312			285					
SWs HIV tested	926	1 122	82%	1 258	1 027	122 %	1 065	879	121%
Clients HIV tested	268			17					
New Positive & Linked	6	160	.03%	8	146	.05%	7	125	.05%
New Clients + Linked	3								
Known + Linked to Care	56			28			52		
Enrolled on PrEP/DAPI	562	680	83%	323	440	73%	208	234	89%
Condoms Male	1 548 380			1 656 250			1 888 860		
Condoms Female	85 299			108 747			100 973		
Lubricants	88 190			108 087			77 537		
Dignity Packs	41			107			1 802		
SWs at RRW's	731			620			706		
SWs at IACT	122			195			178		
SWs at Family Day	69			60			0		
SWs at Parenting Skills	0			48			45		
TB – Completed TB Treat				20			23		
Viral Loads Taken	261			278			207		
VL Unsuppressed	68			48			34		
STIs Treated	277			298			285		
SRH – Incl. Pap Smears	952			1 380			1 340		

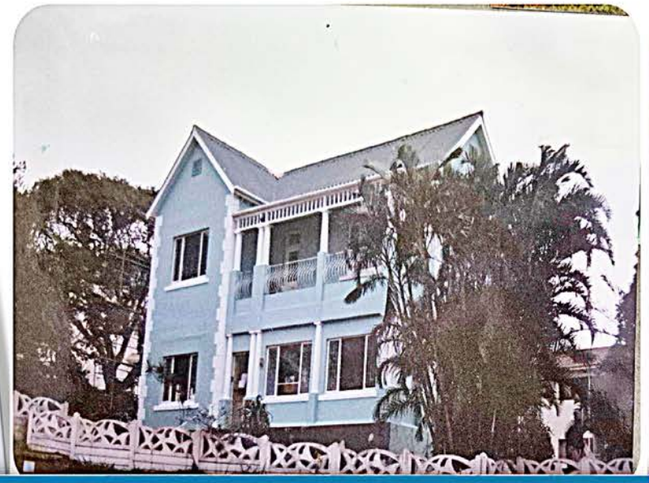
PEER OUTREACH

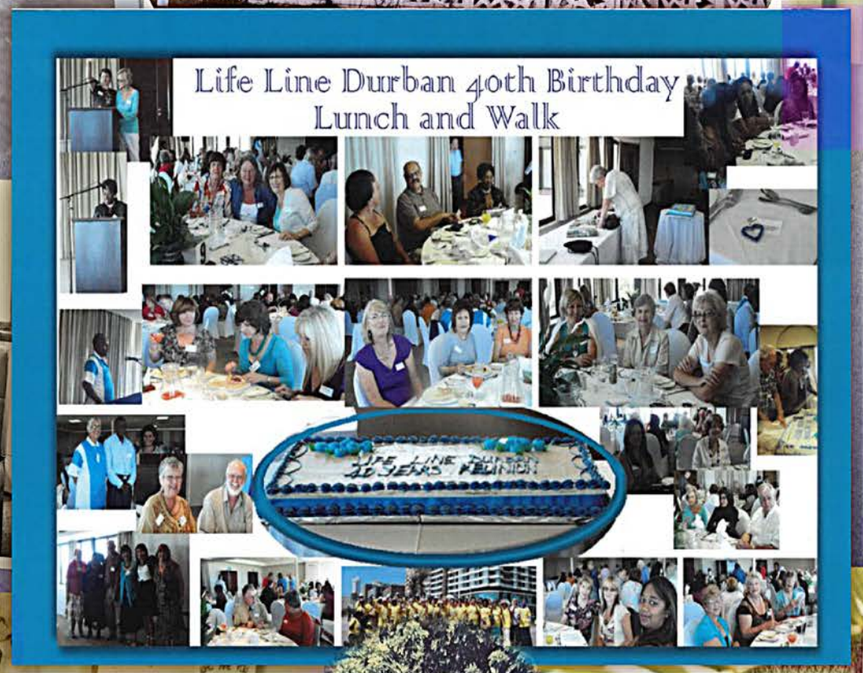
We did not deviate from our place based approach to peer work as we have seen that it built trust and loyalty within the cohort. This guarantees acceptance of the full basket of services we needed to provide to our beneficiaries at 71 sites in all 4 subdistricts of Ugu. We have 28 peers, 7 of whom are full time, 2 are Adolescents who focus on minor sex workers recruited by peers from all sites and 1 Trangender who reaches sex workers in the LGBTQI sector. 3 Site Coordinators provide supervision and guidance to peers.

Micro planning is fundamental for activities as this allows optimum use of limited resources in both manpower and vehicles. Peers plan weekly together with their Site Coordinators from the Clinical plans provided. This ensures that the right sex workers are recruited for both ART and PrEP distribution and Viral Loads whilst screening by peers ensures sex workers are present for other clinical services. The team ensures that services from both the Lifeline and DoH mobiles, HTS services, Psychosocial support and small groups and risk workshops not clash. During outreach they also complete risk assessments, distribute condoms and educate sex workers on basic human rights.

M and E team supports peers with data on a regular basis so they are aware of those who are on ART, PrEP and those who remain negative so they can be recruited according to the actual service required by each of them. They also recruit sex workers for small group activities viz. IACT, Risk Reduction workshops, family days, human rights awareness and a tailored package for minor sex workers with an emphasis on counselling and condom distribution. Recruitment for testing the negative cohort was low in previous years and below target by 18%. This may be attributed to the use of biometrics to recruit sex workers. However, seroconversion continues to be very low as in past years. Positivity yield target is 160 whilst our actual was only 6 for the year, showing that the combination prevention package we offer our cohort does work. Male condom distribution decreased by 7% and is in line with the drop in sex workers reached this year.

Year 1970 - 2010





" Change depends on ordinary people who have the courage to say, 'Enough is enough and no more."

– Kumi Naidoo

"How wonderful it is that nobody need wait a single moment before starting to improve the world."

– Anne Frank

Year 2011 - 2025

" Change depends on ordinary people who have the courage to say, 'Enough is enough and no more."

– Kumi Naidoo

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– Anne Frank

Condom plans are set for each peer based on the number of sex workers she reaches. This allows site coordinators to oversee distribution as condom use is the primary prevention method for both HIV and STI's. Female condom and lubricant distribution also dropped.

Peers build strong relationships with gate keepers and stakeholders in and around their sites. This allows them to address challenges immediately when they occur.

Actual Reach with full package of services vs Place Profile - Ugu District							
Sub District	Number of Peers	HIV+	HIV-	Unknown	Actual T	Place Profile (estimate)	%
Ray Nkonyeni	13	633	395	7	1 035	1 129	92%
Umzumbe	7	444	273	2	719	803	90%
Umdoni	5	406	235	23	664	621	107%
Umuziwabantu	2	114	133	3	250	325	77%
Transgender (All)	1	7	31	10	48	50	96%
Total	28	1 604	1 067	45	2 716	2 928	93%

Biometric devices are 100% in use by peers to complete daily outreach and risk assessments each quarter. They switch to paper only when there are connectivity issues. After months of trouble shooting and training with both AFSA and our team, all seem to have accepted this technology as the best way forward. Our admiration for this team who embraced this new way to work despite sex worker grumbles. They consider it time consuming and annoying with being asked the same questions each quarter. We made numerous requests to AFSA to allow risk assessments to be conducted twice a year but to no avail.

A very special thanks to the team of Peers who make the deliverables of this program possible despite the numerous challenges they endure

" It is during our darkest moments that we must focus to see the light."

– Aristotle

CLINICAL SERVICES

Our differentiated service delivery, a client-centred approach that adapts HIV services across the cascade to reflect the preferences, expectations and needs of key population, while reducing the burdens on the strained health system remains unchanged.

We take HIV, STI and TB and related services to sex worker sites and receive services from clinicians who provide human rights based care with empathy and dignity. This alleviates the need for our cohort to visit fixed health facilities. Sex workers do not need to waste time in queues, find money for transport to get to clinics and be treated by staff who may be rude and intolerant of their choice of work.

Our clinic in Marburg is a "One Stop Shop " approved by Department of Health to dispense Anti-Retroviral Therapy (ART), Pre-Exposure Prophylaxis (PrEP), screen for TB and provide prevention therapy (TPT), treat for most STIs and provide basic treatment for Non-Communicable diseases (NCD). The TUTT, Targeted Universal Test and Treat strategy, is a proactive systematic TB testing for high-risk groups, mainly for People Living with HIV (PLHIV), close TB contacts and those with prior TB history—regardless of whether they have symptoms. As more than 60% of our cohort are HIV positive annual TB testing must be done alongside taking bloods for Viral Loads tests. Index testing for contacts are done at fixed facilities as sex workers may not be keen to share family details with our Professional Nurses(PN).

Our 3 NIMART professional nurses provide all these services with the assistance of an enrolled nurse. Despite the ever increasing demands on this small team, they ensure we leave nobody behind, in line with our government's National Strategic Plan for HIV and Aids.

HIV Testing

HIV testing for high-risk key populations is a critical component of HIV prevention and control programmes. Key populations often face higher exposure to HIV due to biological, behavioural and structural factors, including stigma, discrimination and limited access to health care. Our drive is to keep the status of our 1100+ negative sex workers unchanged. In line with health guidelines our 9 HTS Counsellors test our negative cohort every 8 weeks. We have a planning process which is revised regularly to ensure we keep within guidelines and the correct sex workers are recruited. Both Peers and HTS Counsellors work in sync at hotspots to ensure the ladies are recruited and tested on the planned day. This ensures minimal duplications and no waste of resources. This year an average of 1 200 were tested exceeding the target by 16%.

Our positivity yield remains well below the UNAIDS standard. This can only be attributed to regular testing and dual combination for prevention through use of oral PrEP and regular condom. For the year 6 tested positive compared to the previous year by 25%. All 6 were linked to care at a facility and 2 joined our HIV delivery programme.

Self-testing is targeted for 35% of tests done but due to stock issues we achieved 20%. HTS counsellors assist sex workers with pre and post-test counselling whist the ladies test themselves. HTS counsellors use their time when testing is done at a site to counsel sex workers to adhere to treatment, mainly ART.
Below is the average number of tests done using rapid test kits and those done with self-testing kits.

AVERAGE QUARTERLY HIV TESTING SERVICES						
HTS Counsellors	Rapid Test	HIVSS Assisted	Total Tests	Linked to Care	Adherence Counselling	Re-linked to Care
UMUZIWABANTU	146	46	192	1	21	0
RAY NKONYENI	425	61	486	2	263	10
UMZUMBE	302	87	389	1	240	8
UMDONI	255	36	291	2	228	50
GRAND TOTAL	1 128	230	1 358	6	752	68

PrEP/Dapiverine Ring ((DAPI ring)

The DAPI ring is a female-initiated option to reduce the risk of HIV infection worn internally for 28 days, after which it should be replaced by a new ring. The ring works by releasing the antiretroviral drug Dapivirine from the ring into the vagina slowly over 28 days. Now sex workers have a choice of oral PrEP or use the ring.

We have 794 of our negative cohort retained on PrEP and 160 using the DAPI from the target of +1 100 we are expected to test. Many cycle off due to pill fatigue, side effects from the medication, mobility out of the district or changes in their risk profile.

Many older sex workers who depended on condom use for prevention before the advent of PrEP still choose this form of prevention from both HIV and pregnancy. Another major challenge is for sex workers to collect treatment on due date.

According to guidelines we distribute 3 refills at each clinical visit. With many having piece jobs at farms and mines sex workers cannot attend on the dates planned. Peers recruit for another prearranged date with the clinician so they can remain in treatment.

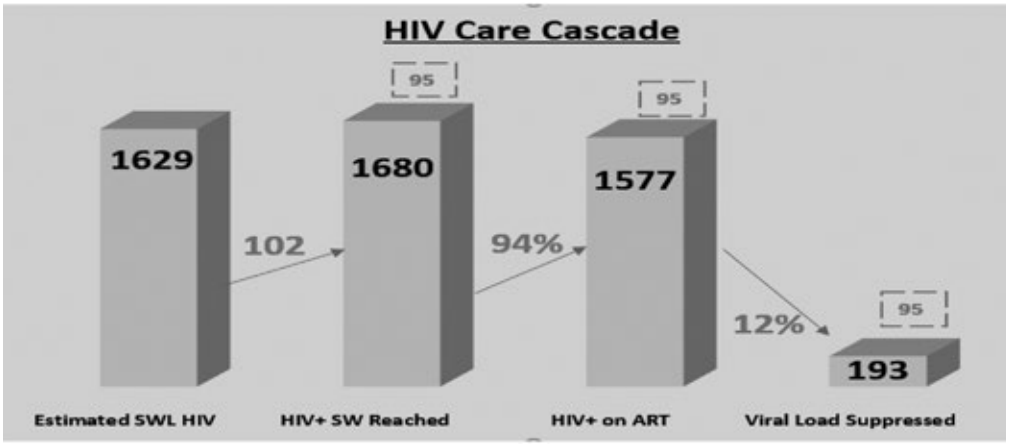
Although the introduction of DAPI expanded options for prevention from HIV, not many have chosen it. This may be due to the work they are in although it has been tested to prove that it does not negatively affect sexual activity or cause discomfort.

" The miracle is not that we do this work, but that we are happy to do it."
– Mother Teresa

ART

The 95-95-95 targets are a set of goals set by UNAIDS to help end the AIDS epidemic. The aim is to ensure that by 2025, 95% of people living with HIV know their status, 95% of people diagnosed with HIV are on antiretroviral treatment and 95% of people on treatment have suppressed viral loads.
With our HIV+ cohort, more than the estimated number know their status (102%) and 94% are on treatment. As we only track viral loads of sex workers in our ART delivery programme which totals 200, the last measurement is skewed. This is because many in our cohort collect their treatment from Adherence Clubs, CCMDD (the chronic medicine delivery points) or their local clinics. It is a challenge to have visibility of this information as their viral loads are not all done by our clinicians.
The grant allows for a "Cash for Care" incentive of R 60. We use this to encourage our cohort to have their bloods taken to check their viral suppression.

Below is our HIV Care cascade that measures our 95 95 95



TB

People with HIV are significantly more susceptible to both contracting TB and experiencing severe illness from it due to their weakened immune systems. Effective management involves collaborative efforts between HIV and TB programmes, including testing, treatment and preventive measures for both conditions.
Targeted Universal Test and Treat (TUTT), a screening strategy adopted by Department of Health to screen and test for TB with focus on high-risk groups, such as people living with HIV, close contacts of TB patients, and those with a history of TB, regardless of whether they have symptoms. Our professional nurses started this more than a year ago to improve case detection. All were tested for TB when bloods are taken for viral load assessment resulting in many who test positive. They are sent to fixed facilities to commence treatment and then referred to our social workers who manage their cases until treatment is over and cleared of the disease. The facility staff also test close contacts and children of those who are TB positive and those who test negative are put on preventative therapy.

SEXUAL REPRODUCTIVE HEALTH (SRH)

	Umdoni	Umzumbe	R Nkonyeni	Umuzi	Total
Pap Smears	4	3	12	0	19
Pregnancy Tests	212	26	108	25	363
Family Planning SRH Depo	232	136	152	20	540
Family Planning SRH Nur-Isterate	24	8	18	8	58
Family Planning Oral Pill	80	31	29	28	162
Emergency Contraception	5	1	2	0	6
Implant	0	0	3	0	3
TOTAL	**557**	**205**	**324**	**81**	**1151**

4 tested positive and chose to carry full term and not terminate their pregnancies. Oral contraceptives, injectables and implants form the various family planning methods are offered.

STIs

On average 600 sex workers are screened for sexually transmitted infections each month. Untreated STIs can lead to serious problems, including infertility, organ damage and increased susceptibility to HIV. Professional nurses treated 277 sex workers in the year. The more advanced infections like genital warts were referred to clinics for treatment.

MEDICAL

Doctor Needhi and Doctor Govender of Umdoni and Umzumbe continue to treat our cohort for ailments beyond the scope of the professional nurses. Both must be commended for providing treatment at lower rates as part of their social responsibility to the Ugu community. Our professional nurses refer cases out of their scope. They also expedite referrals to hospitals in the area. They saw 170 sex workers in the year. We extend our gratitude for their support.

WORKSHOPS AND SMALL GROUPS

The workshops and small groups build social connectedness within the cohort as it allows people with common struggles to gather together and many times find solutions.

Risk Reduction Workshops

Risk reduction workshops are group activities run by sex workers for sex workers. They serve as a space for sex worker community mobilisation and empowerment, as well as a space where sex workers can access information, discuss work and working conditions, challenges and mitigation strategies. Topics range from HIV, STIs, TB and general hygiene, human rights and the decriminalisation of sex work, gender-based violence and learning to defend oneself, nutrition and exercise. These workshops, also known as creative spaces, serve as support structures for sex workers as a collective. Peer educators and site coordinators use the challenges at individual sites to decide on topics for discussion. The Programme manager assists with material, videos and handouts to be used. Sex workers feel comfortable to share experiences and challenges without being judged. Our professional nurse will facilitate on health-related topics with the site coordinator and Peer co-facilitating. External experts are invited on other topics. This year we used topics like Alcohol and Drug Abuse and coping mechanisms, Mental Health and sex work, Goal setting, Women Empowerment and Road to better health options to address the growing number of TB cases.

We always use Mandela Day as an opportunity for our beneficiaries to give back to communities. This year we celebrated Madiba at Murchison Temporary foster home for vulnerable children with the Mkhize family who are funded by Give a child a Family. This home took in a disabled toddler of a sex worker and they thought it was apt to give back. On the first day they cleaned and painted the children's room. Lifeline donated a bed and a carpet and paint donated by Dulux factory. The next day they planted 25 seedlings each of spinach, onions and cabbage so that the home can feed themselves.
In Umzumbe 30 sex workers, their peer and site coordinator spent their 67 minutes at the Emsini Children's Home which has 22 children 2 of whom were removed from our sex worker. The team cleaned the store room, bedrooms and wardrobes, bathrooms, reading area, sitting room and dining hall and an outstanding job was done. The SWs were given the opportunity to pick things from items that were being given away

World Aids Day is another of our special events annually. However, this year we decided to have them reflect on their own health with the topic "My Right Path to Good Health" due to the increased number of TB cases in both Umdoni and Umzumbe. 70 attended where each had to journal the path with the Peer ensuring their adherence to their plan.

Creative spaces are important platforms for sex workers to share their experiences in a structured way and also providing time for them to socialize and learn from each other on any topic they wish. Over the year 731 sex workers attended workshops.

Small Groups:
IACT – Integrated Access to Care and Treatment

IACT is a curriculum-based support group strategy, an essential part of our tool kit, which aims to empower HIV infected individuals to effectively self-manage and actively engage with HIV healthcare services for better health. It ensures adherence to treatment leading to viral suppression. Participants are in a closed group with likeminded people who will give support with the challenges they experience with the disease.

10 participants attend 6 sessions of 3 hours each and the topics we cover are HIV and Aids terminology and disease progression, disclosure, ARVs, Opportunistic Infections, STIs, Nutrition and Exercise. At the last session participants who attended 80% of the sessions receive a Boxer voucher valued at R230 and a Certificate of Attendance. 195 attended in total from all sub districts. Due to increased focus on TB, we included it as part of a session to foster adherence to treatment. 122 attended IACT small groups in the year

Mothers for the Future

Sadly, this was only piloted by AFSA and no reasons were provided for its discontinuance. We created a big gap as parenting skills is very much in need with this community. Our social workers have used some of the techniques from Circles of Support with those who are in need during their counselling sessions

"The secret of success is constancy to purpose."

– Benjamin Disraeli

Family Day

4 Family Days were held, 1 each quarter. 69 mothers and 105 children benefitted from this intervention. The DoH team responsible for immunizations joined and inspected the "Road to Health" cards of the children to ensure they up to date with vaccinations, weight and general development for infants. Our professional nurses provided all services with a special focus on pap smears.

Our social workers and those from Child Welfare and Childline discuss foster care, child abuse and social grants available to mothers. We have been innovative in providing fun activities for the children whilst the mothers are left undisturbed to focus on discussions.

We have books, toys and television shows to keep them engaged.

In our last session we held a collaborative Family Day with Sisonke and Mothers4Future, a SWEAT initiative. 17 children were tested for HIV. The purpose was to see if SW children were in fact HIV positive. None tested positive. We discussed parental responsibility to prevent mother to a child infections. This enabled parents to make informed decisions with regard to children's upbringing including health care, education and identity. The Sisonke team used comic books done by Zoe Life to divulge HIV status to children under 12 years. We will pursue possibilities with Zoe Life to train our Peers.

Clients of Sex Workers

The core principles of training is that Sex Work is Work, promoting safety and well being at their work and shifting the responsibility for the prevention of HIV from sex workers onto a shared responsibilty between sex workers and clients. Due to resource limitations we shrunk the curriculum into 4 x 3 hour sessions. After a successful pilot in Umzumbe we rolled it out to all subdistricts. 40 clients attended. There was much discussion on sex and reward and transactional sex. They participated in a condom demonstration and accepted that they had to protect themselves from HIV and STIs. They expressed their gratitude to learn about HIV and some attested that they had never been exposed to so much on HIV, STIs and Human Rights. Since the workshops many clients are tested by our HTS Counsellors and many have started on PrEP

GLOBAL FUND COMMUNITY STRENGTHENING

We began collaboration with Nonz Consulting, funded by AFSA as part of the Global Fund programme of capacity building for community-based organisations. As they also work with sex workers in Ugu their peers' identified sites in Ezingolweni and Gcilima which we had not reached. During this collaboration we reached 285 new sex works from 17 different sites. This initiative ended in March when the Global Fund Grant discontinued.

PSYCHOSOCIAL SERVICES

We have 3 Social workers/Social Auxiliary workers(SAW) and 2 doubled up as Site Coordinators. They are responsible for Peers and for psychosocial services in their subdistricts whilst the SAW is responsible for psychosocial support in Umzumbe and Umuziwabantu subdistricts.

As sex work still remains criminalised, sex workers experience high levels of depression, anxiety and post-traumatic stress disorders (PTSD) and are more at risk to be discriminated and stigmatised by communities, law enforcement and other stakeholders where they live and work. Due to the nature of their work, they use alcohol and drugs as coping mechanisms.

Hence the need for social workers to provide a needs-based individual psychosocial support counselling to sex worker; male, female, transgender and minors who sell sex. They also promote and defend the human rights of sex workers.

Our social workers received harm reduction training from AFSA, mainly for sex workers who inject drugs. Although our peers reported that we had no injectors in our cohort the training was essential to ensure our cohort did not migrate from users to injectors. Another major problem stemming from substance abuse is non adherence to treatment which also contributes to the growing number of TB infections in our district. We have only one rehabilitation centre in Ugu which allows us to admit 3 sex workers each quarter and this barely touches the surface of the problem we have.

Hence the social workers were trained on motivational interviewing as a counselling tool to reduce consumption. It has been working as many seem to adhere to treatment. Social workers case manage those whose viral loads are unsuppressed over 3 months and continue if the next viral test remains unsuppressed. We do likewise for sex workers on TB treatment. Other areas for counselling are gender-based violence, intimate partner violence and sexual assault.

The grant allows for emergency assistance for sex workers whose rights have been violated or are victims of violence and in dire need of food to sustain themselves and their families. The social worker performs a needs analysis from recommendations by Peer educators and provides each of them with a once off Boxer voucher of R450. This grant year 67 sex workers received support.

Due to the emotional stress on the team, our social workers are responsible to debrief the team on a quarterly basis often with specialist consultants to assist.

Subdistrict	Psychosocial support	Substance use	Depression	Anxiety	Stigma and Discrimination	Human Right Violations
Ray Nkonyeni	452	201	12	305	4	13
Umdoni	338	134		285	3	6
Umuziwabantu	74	52	8	56	3	1
Umzumbe	374	274	23	303	15	7
Total	**1 238**	**661**	**43**	**949**	**25**	**27**

This table shows the analysis of our path to emotional wellness for our beneficiaries.

HUMAN RIGHTS

In past grants, we were funded for Human Rights and Advocacy in the sex work program and we put much effort into sensitisation of stakeholders and building strong relationships with them to not only reduce violations against key population but to have easy access to report atrocities committed. In this grant Positive Women's Network (PWN) based in Ugu was the sub recipient appointed for Human Rights and Advocacy in our district. Although we did not have funds for sensitisation workshops, we kept the relationships alive through regular visits.

Human Rights Violation	Number
Assault by Partner	17
Assault by Community Member	11
Sexual Assaults	13
Assault by Client	1
Abuse at Facilities	1
Abuse by Law Enforcement	2
	0
TOTAL	45

All violations were reported to PWN but feedback on cases was slow or non-existent. We referred sexual assault directly to the Thuthuzela Care Centre (TCC) where LifeLine Durban social workers are first responders and we had easy access to care and information.

2 sex workers died due to injuries suffered from assaults. Sex workers are often reluctant to open cases against partners although some have restraining orders.

"Believe you can and you're halfway there."

– Theodore Roosevelt

MONITORING AND EVALUATION

The principle that guides our data collection and practices is that every person is respected, that data collected and evaluated contributes to their rights, promotes best health and specific protection of each person's information with utmost confidentiality. We conform to the POPI Act to ensure we conduct ourselves in a responsible manner when collecting, processing, storing and sharing personal information and that the integrity of data generated is not compromised and is protected from manipulation for any reason, due mainly to the fact the sex work remains criminalised.

Peers have now accepted that reach is only counted when outreach is conducted through the recording of biometric information through their device. Connectivity is challenging at some sites and these risk assessments are done on paper but managed by their site coordinators. The integrity of the information is not compromised as we are assured that through this process that the right sex worker is the one reached and for whom services are provided. Issues that stemmed from the initial role out still persists as AFSA have not as yet cleaned and removed duplicates and incorrect matching of finger prints. Client service forms (CSF) for clinical, HTS testing, psychosocial services and human rights violation continue to be paper based and captured into ORBIT daily.

ORBIT continues to be the database used and for reporting we use ZENYSIS which is now fully functional. However, it does not provide some pertinent information we require to drive the programme. This information is extracted manually. Reports are shared with peers monthly to assist them in the work they do to ensure we have minimal duplications.

Reporting to district Department of Health is done monthly. As we now procure treatment and health commodities from 6 different clusters and not from Marburg Clinic as we had done in past years, reporting is now six-fold. This places additional strain on our professional nurses in providing separate statistics to Gamalakhe CHC, Murchison Hospital, GJ Crookes, Mfundo Arnold, St Andrews and Marburg Clinic. Clinicians also update clinical charts at the relevant fixed facilities so that Tier.net can be updated with ART and PrEP distribution we are responsible for. Ziyanda Sigonyela, our data capture at our DIC in Marburg is responsible for the electronic stock system and ensures that manual and electronic systems are in sync.

Onsite Data Verification was supposed to be done each quarter, but only one was done in the year.

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CAPACITY BUILDING & TRAINING

As it was the last of the grant year in the GF cycle, much time was taken by the team being off site as AFSA wanted all training to be completed, making the last 6 month trying. The nurses attended Basic Life Support, Infection Control and the Stepwise Process for Improving the Quality of HIV Rapid Testing((SPI-RT). It's a checklist developed by the US Centre for Disease Control and Prevention (CDC) to assess and improve quality assurance (QA) processes for HIV rapid testing. The enrolled nurse has commenced assessing the HTS counsellors on a quarterly basis.

Social workers attended Harm Reduction Training and Screening, Brief Intervention and Referral to Treatment(SBIRT), a model that encourages mental health and substance use screenings as a routine preventive service in healthcare.
Our Peers and 40 sex workers attended Life Skills and Financial Literacy training over 2 weeks. We have 2 groups who have started savings clubs.

The Director and Programme manager attended a 3-day workshop on Prevention of Sexual Exploitation, Abuse and Harassment(PSEAH). It is necessary for organizations, particularly those in the humanitarian sector, to describe the measures taken to protect individuals from sexual exploitation, abuse and harassment by their own staff and associated personnel. It was important to filter this training to our teams. In December the team received 2-day training to prevent and report abuse of beneficiaries and staff.

The senior team attended virtual training from Wits Health Consortium on Leadership and Governance in Health Care and numerous interventions for Gender Based Violence.

The M and E team received numerous trainings and troubleshooting, some virtual for optimum use of the biometric devices, extracting reports from ZENYSIS from the AFSA team.

Harmony electronic stock system was introduced this year by the Health Products team of AFSA. As it only caters for products procured from AFSA we continue to use manual stock cards for items received from Department of Health.

STAKEHOLDER RELATIONSHIPS

Our relationship with Ugu District Department of Health is strong and built on trust and respect on both sides over a number of years. Our Memorandum of Agreement was renewed for a further 5 years in July 2024. This allows us to continue acquiring test kits, treatment for ART, PrEP and NCD and all consumables for our clinical team to operate in their clinical capacity. We now order from 6 of their clusters in Ugu. Bloods are dropped off daily at the NHLS laboratory at Port Shepstone hospital and our professional nurses have access to Labtrack which allow us to have immediate results for bloods and sputums submitted.

They also provide male and female condoms and lubricants for distribution to our cohort from their District office. Mobiles from their HAST units provide services in 3 subdistricts. We plan their visits to hotspots every month and our peers recruit sex workers for services they offer. We attend regular partner meetings and share data for key population reporting monthly.

With both SAPS and the Traffic law enforcement we have sometimes a tough but good relationship. Our sex workers are sometimes found in criminal activity and station commanders will rather call the Progeamme manage to address challenges than lock them in cells.

The Community policing forums, SANTACO Forum and private security like Wolf, Maser and Lazer also are far more lenient with sex workers soliciting in their vicinity, although sometimes a new officer may push boundaries to assert his authority. We would then escalate the situation to the station commander.

Tavern owners at all hotspots continue to be supportive and allow us the use of their premises for the mobile unit to park and provide services. Peers are allowed to distribute condoms and hold health and human rights discussions on their premises. Some also allow us to hold our small group sessions there when it is not busy

Our relationship with our funder AFSA has grown and the communication from all functions is good and responsive. They respect our views and allow us to continue with systems we have in place. To attain programme deliverables there is minimum interference and we are fully appreciative of their support.

The relationship with Nonz Consulting, the Community Based Organization funded by AFSA to help us reach sex workers at new sites has grown. This program funded by Global Fund ended in March this year.

APPRECIATION

The support and cooperation of all stakeholders in Ugu who assist and contribute to improve the lives of key population for better health outcomes is applauded. You have helped in our getting closer to the 95 95 95 goals in the fight against HIV and TB.

We thank you our Funder, Aids Foundation South Africa(AFSA) who have simplified the path and improved methodologies to meet the deliverables in the sex work programme. We thank you for sharing best practises guided by SANAC and the CCM of Global Fund as you are our link to them.

Many thanks to our Director, the Finance and Admin teams for their ongoing support and tolerance with the demands we place on them.

The senior sex work team express their heartfelt gratitude to our extraordinary team of Peer Educators who are the facilitators of change for improved and better, healthy lives for our beneficiaries. They go above and beyond their call, under very trying conditions.

Finally, my heartfelt THANKS and APPRECIATION to our dedicated team of Site Coordinators, HTS Counsellors, Professional Nurses, M and E officers and data capturers, Social workers and Mobile Driver for their unparalleled commitment to their work and responding to the never ending demands placed on them by their Programme manager.

"Keep your face always toward the sunshine— and shadows will fall behind you."
– Walt Whitman

For the STRENGTH of the PACK is the WOLF and the STRENGTH of the WOLF is the PACK

LifeLine Durban
Mental and Emotional Health for All

Ithubalethu – Programme Activities

Family Day Activities


Talks with the parents while the kids are entertained with games and books.

World Aids Day Activities

Commemorating World Aids Day and the lighting of candles for our loved ones.

TB Day


LifeLine Durban collaboration with Department of Health in the Ugu District

Mandela Day activities



Painting and cleaning the Emsini Children's home in Albersville in Port Shepstone.

OPERATIONS REPORT

OPERATIONAL OBJECTIVE

To ensure the efficient, reliable and cost-effective execution of organisational processes, enabling the seamless delivery of our services that support strategic goals, client satisfaction and sustainable growth.

The Operational team ensures that daily activities run smoothly, efficiently and cost-effectively. Our efforts help the organisation deliver on its commitments, adapt to change and maintain a strong position in terms of quality and cost-efficiency.

LifeLine Durban Admin team

"Mental health… is not a destination, but a process. It's about how you drive, not where you're going."
– Noam Shpancer, Ph.D.

HIGHLIGHT

February 2025 marked a significant milestone for LifeLine Durban as we relocated to our new office premises. The new building brings together all LifeLine Durban's project teams, along with the operations and finance departments under one roof. It offers ample office space and secure on-site parking for both staff and organisational vehicles, enhancing collaboration, safety and operational efficiency. It also features a dedicated area to skills development and training.

LifeLine Durban Head Office: 129 Innes Road, Windermere

LifeLine Durban
Mental and Emotional Health for All

HUMAN RESOURCES (HR)

Human Resources (HR) activities play a critical role in supporting organisational success by managing the most valuable asset - our people. Key HR functions such as recruitment, training, performance management and employee engagement ensure the organisation attracts, develops and retains top talent.
At the end of the financial year LifeLine Durban had a total of 148 employees. Recruitment processes were streamlined to enhance efficiency and ensure the selection of suitable candidates. In our commitment for continuous growth, we launched staff development initiatives focused on leadership and governance training, workplace disciplinary procedures, Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) training and empowering our team with the skills and knowledge to uphold professional and ethical standards. Policy updates kept us aligned with evolving regulations. Moving forward, we aim to invest in diversity initiatives and leadership development.

INFORMATION TECHNOLOGY (IT)

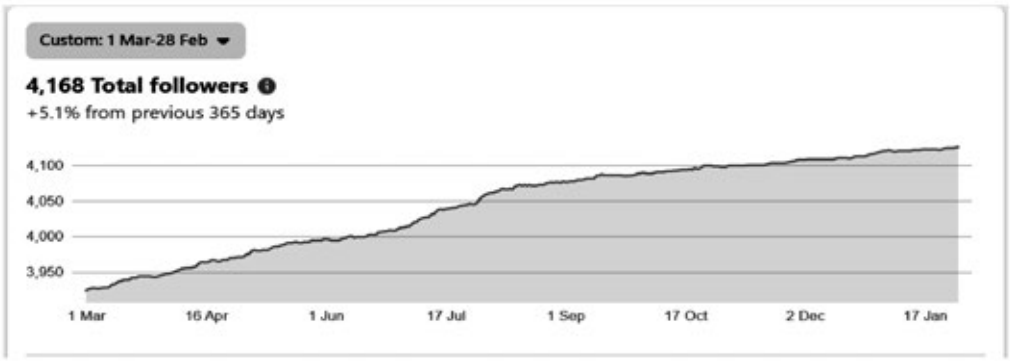
IT plays a vital role in Lifeline Durban's daily operations ensuring that all teams function efficiently and securely. A strong IT infrastructure is essential as it ensures business continuity, protects data, supports remote work and enables adaptability and growth, making it a key enabler of Lifeline Durban's mission.
In 2024, significant strides were made as we rolled out a comprehensive cloud-based Microsoft 365 solution. This enhanced our security with advanced threat protection, seamless integration between applications like Outlook, Teams, SharePoint and OneDrive and improved accessibility for employees working remotely. OneDrive plays a vital role in minimizing operational downtime by enabling rapid recovery of data, ensuring continuity of work and safeguarding organisational information. This upgrade has streamlined workflows, facilitated better communication and provided adaptable IT solutions aligned with Lifeline Durban's growth and future needs.
In July 2024, LifeLine Durban launched our newly redesigned website. The refreshed platform offers an improved user experience, updated content and enhanced accessibility to better serve our community and stakeholders.

LifeLine Durban website *www.lifelinedurban.org.za*

MARKETING

Marketing continues to play a vital role in LifeLine Durban's objective to connect individuals with the essential services they require. Serving as a bridge between our service offerings and the community, our marketing efforts are focused on enhancing brand visibility, cultivating meaningful client relationships and supporting long-term sustainability.

Throughout the year our primary marketing and advertising channels used included social media platforms (Facebook, Instagram, Twitter, LinkedIn), our website, brochures, print media and promotional materials. Additionally, we leveraged radio outreach, awareness campaigns and strategic partnerships to extend our reach. Through our key projects, which serves as an important touchpoint for engaging with the public and raising awareness of our services, we ensured our brand is visible and effective in all our marketing elements.
These combined efforts have strengthened our brand presence and continues to support our growth and the impact within the community.



Social media growth on Facebook from March 2024 to February 2025

TRAINING AND DEVELOPMENT

Over the past year the department has revitalised its approach by introducing new, relevant course offerings, expanding into virtual group trainings and implementing a more targeted and aggressive marketing strategy. These efforts align closely with LifeLine Durban's evolving organisational goals.

In addition to delivering high-quality training the department supports critical service delivery by equipping individuals and groups, both within the community and in corporate settings with essential counselling skills. Through initiatives such as face-to-face and group counselling, trauma debriefing and participation in wellness days and talks the department remains committed to promoting mental health awareness across all sectors.

Our training courses offered for the period 2024-2025 and the number of participants trained is indicated below:

Throughout the year, LifeLine Durban actively engaged in wellness days and mental health awareness talks across a wide range of organisations and institutions. These included:

- AKESO
- Varsity College
- UKZN Howard College
- Phephile Primary School
- Durban Chariot Festival
- Sisiza Ngothando NPO
- LIV Village
- Motala Heights Library
- Goscor Group
- Kendra Gardens Retirement Home

"Success usually comes to those who are too busy to be looking for it."

– Henry David Thoreau

LifeLine Durban
Mental and Emotional Health for All

In addition to the awareness initiatives the Training Department successfully delivered customised training programmes for the following companies:

- Church World Services
- Arya Pratinidhi Sabha
- The African Health and Research Institute
- South African Medical Research Institute (SAMRC)

Counselling services were completed for the following corporates:

- Hertex
- Goscor Group
- Horse Rescue Unit
- CoActivate Group
- WBHO
- Compu Assist
- Erakis Investment Holdings
- Hollard Collaborate
- Galaxy Bingo Entertainment

Our training is also extended to the Department of Social Development (DSD) project to uplift and empower women and men emotionally and spiritually by providing them with Personal Growth Skills, HIV and AIDS counselling skills and Financial Literacy skills.

We successfully hosted several key training programmes at our premises including the Personal Growth Course, Counselling Skills Course and the 10-day HIV and AIDS Training. These training programmes continue to empower participants with essential life and support skills. These sessions not only provided valuable knowledge and practical skills but also fostered deep personal development among participants. The completion of each course was marked by moments of celebration, as participants acknowledged their personal and professional growth.



Training and Awareness Sessions

In June 2024 LifeLine Durban proudly launched a successful online training initiative for the South African Medical Research Council (SAMRC), delivering a 9-week Personal Growth training programme to 45 staff members across Durban, Pretoria, Modimolle and the Winelands. The success of this project was made possible through the collaborative efforts and coordination of facilitators, management, leadership and support staff. The team's dedication ensured a seamless take-off and a highly successful completion of the programme, marking another milestone in LifeLine Durban's commitment to innovation in training delivery.

Kimberly Kemp & Dr Farida Patel ***Shaeeda Moosa*** ***Shanaaz Khan*** ***Ebrahim Badat***

Facilitators providing online Personal Growth Training from our Head Office.

We extend our heartfelt gratitude to the dedicated counsellors, facilitators and speakers who generously volunteer their time and expertise to LifeLine Durban. Your unwavering passion and energy play a crucial role in delivering our services to those in need. Your spirit of selflessness and commitment to making a real difference in the lives of our beneficiaries is deeply respected and appreciated. Thank you for being an integral part of our mission.

"You don't have to control your thoughts. You just have to stop letting them control you."

– Dan Millman

MEDIA ENGAGEMENT : RADIO LOTUS

In November 2024, LifeLine Durban was featured on Radio Lotus – Talk @7, where our Director Pravisha Dhanapalan, Social Work Manager Thobekile Mzobe, and Social Worker Lindokuhle Magoso participated in an insightful discussion on Men's Mental Health. This media engagement provided a valuable platform to raise awareness and advocate for mental health support among men in our communities.

LifeLine Durban
Mental and Emotional Health for All

EVENTS HOSTED BY LIFELINE DURBAN

Dedication Evening

On 17 April 2024, LifeLine Durban proudly hosted its Lay Counsellor Dedication Ceremony, celebrating the successful completion of training by 28 probationers who journeyed through the Personal Growth, Counselling Skills and Probationary Courses. This milestone group included both pre and post COVID participants.

The evening also featured the presentation of Long Service Awards to our dedicated counsellors and facilitators. Their unwavering support, commitment and hard work were instrumental in the success of our new counsellors, making this a truly meaningful and memorable event for the LifeLine Durban family.

LifeLine Durban Counsellor Dedication Ceremony

Outreach Events

June was an active month for LifeLine Durban with strong participation in high-profile events. On 9 June, the team joined forces with LifeLine SA to support the Comrades Marathon staffing a water station at Inchanga Station Road alongside board members, managers and staff, creating valuable networking opportunities.

Leading up to the race, LifeLine Durban also had a presence at the Comrades Expo at the Durban Exhibition Centre from 6–8 June. Earlier in the month, from 4–7 June, our managers and social workers attended the TB Expo at the International Convention Centre (ICC), engaging with key stakeholders in public health and expanding our outreach and visibility.

LifeLine Durban in collaboration with LifeLine SA at the Comrades

Heritage Day Celebration

In September, LifeLine Durban celebrated Heritage Day by embracing the rich diversity within our organisation. Staff came together dressed in their traditional attire and shared cultural foods, creating a vibrant and unifying experience that honoured South Africa's multicultural heritage.

Staff celebrating their heritage with their traditional dress and cultural foods

Honouring Women at LifeLine Durban

On 9 August, in celebration of Women's Day, LifeLine Durban honoured the incredible women within our organisation. We recognized their contributions by sharing their dedicated posts on our social media platforms and presenting each of them with chocolates as a small token of appreciation. This gesture reflected our ongoing commitment to valuing and uplifting the women who play a vital role in driving our mission forward.

"Trauma is not what happens to us, but what we hold inside in the absence of an empathetic witness."

– Peter A. Levine

Women's Day posts that were shared on our social media

16 Days of Activism Initiatives

To mark this important this event, LifeLine Durban organised a commemorative march bringing together staff, stakeholders, and community members in solidarity. We extend our sincere thanks to all our partners for their support and active participation in raising awareness and driving change.

LifeLine Durban Staff and Stakeholders partaking in the march.

During the 16 Days of Activism, LifeLine Durban once again demonstrated its unwavering commitment to the fight against Gender-Based Violence and Femicide. We extend our gratitude to our dedicated team for their consistent support and presence. This year, we proudly partnered with Cricket South Africa and the Hope Foundation under the banner #LetsUniteAgainstGBVF, amplifying our collective voice for change.

Staff at the Kingsmead Cricket Stadium uniting against GBVF

As part of the 16 Days of Activism Against Gender-Based Violence and Femicide, LifeLine Durban proudly supported the Paint the Silence 365 Campaign, an interdisciplinary arts initiative that sheds light on the impacts of abuse and conflict, while celebrating resilience and unity.

Appreciation Evening

In January 2025, LifeLine Durban hosted an appreciation evening to honour our dedicated facilitators and counsellors for their unwavering support and commitment to the organisation. The evening was filled with music, joy and camaraderie, an uplifting start to the new year and a heartfelt thank you to those who help drive our mission forward.

Our Counsellors enjoying a fun filled evening

Annual General Meeting 2024

LifeLine Durban held its Annual General Meeting on 21 August 2024 at St James on Venice in Morningside. Themed "Paint the Silence" the event was a meaningful and successful gathering that highlighted the organisation's impact, achievements and commitment to breaking the stigma around mental health.

"The paradox of trauma is that it has both the power to destroy and the power to transform and resurrect."

– Peter A. Levine

LifeLine Durban
Mental and Emotional Health for All

SPONSORSHIPS

Sponsorships and donations play a vital role in helping us achieve our vision by providing the necessary resources to better serve individuals and communities.
We are especially grateful to Spar KwaMashu for their consistent monthly grocery support which greatly benefits our office operations.

Monthly groceries that we receive from SPAR KwaMashu

LifeLine Durban received a generous donation of 12 boxes of clothing from Trident Trading, these clothing items were allocated to our TCCs (Thuthuzela Care Centres).

Clothing items received from Trident Clothing

We are grateful to Kanga Finance for their generous donation of office furniture which has greatly supported the setup of our new offices.

Furniture items that was donated included, office chairs, desks and couches.

In November 2024, Lexis Nexis SA generously donated 70 comfort packs for our GBV victims.

Handover of the comfort packs by staff at Lexis Nexis SA

A heartfelt thank you to all our donors for your generosity and continued support. Your contributions make a meaningful difference and empower LifeLine Durban to enhance service delivery and positively impact the communities we serve.

LifeLine Durban

Audited Financial Statements

Registration No 002-190NPO

for the year ended 28 February 2025

Annual Financial Statement

Life Line Durban

(Registration number: 002-190NPO)
Annual Financial Statements for the year ended 28 February 2025

General Information

Country of incorporation and domicile	South Africa
Nature of Association	Non-Profit Organisation
Director	P Dhanapalan
Members	SB Heath S Padayachee S Naidu EM Gabriel L Van Der Merwe F Patel SD Archary NFB Mpanza K Kemp
Business address	129 Innes Road Morningside Durban 2057
Postal address	129 Innes Road Morningside Durban 2057
Bankers	First National Bank Limited
Auditors	BDO South Africa Incorporated Registered Auditors
Secretary	Ms Shamla Naidu
NPO registration number	002-190NPO
Level of assurance	These financial statements have been audited.
Preparer	The financial statements were independently compiled by BDO Business Services Proprietary Limited under the supervision of: B Pillay CA (SA)
Issued	06 August 2025

Annual Financial Statement

Life Line Durban

(Registration number: 002-190NPO)
Annual Financial Statements for the year ended 28 February 2025

Index

The reports and statements set out below comprise the annual financial statements presented to the Board:

Annual Financial Statement

LifeLine Durban
Mental and Emotional Health for All

Life Line Durban

(Registration number: 002-190NPO)
Annual Financial Statements for the year ended 28 February 2025

Director's Responsibilities and Approval

The director is required by the constitution of the organisation, to maintain adequate accounting records and is responsible for the content and integrity of the annual financial statements and related financial information included in this report. It is her responsibility to ensure that the annual financial statements fairly present the state of affairs of the organisation as at the end of the financial year and the results of its operations and cash flows for the period then ended, in conformity with the basis of accounting described in Note 1 to the financial statements. The external auditors are engaged to express an independent opinion on the financial statements.

The annual financial statements are prepared in accordance with the basis of accounting described in Note 1 to the financial statements and are based upon appropriate accounting policies consistently applied and supported by reasonable and prudent judgements and estimates.

The director acknowledges that she is ultimately responsible for the system of internal financial control established by the organisation and place considerable importance on maintaining a strong control environment. To enable the director to meet these responsibilities, the board sets standards for internal control aimed at reducing the risk of error or loss in a cost effective manner. The standards include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties to ensure an acceptable level of risk. These controls are monitored throughout the organisation and all employees are required to maintain the highest ethical standards in ensuring the organisation's business is conducted in a manner that in all reasonable circumstances is above reproach. The focus of risk management in the organisation is on identifying, assessing, managing and monitoring all known forms of risk across the organisation. While operating risk cannot be fully eliminated, the organisation endeavours to minimise it by ensuring that appropriate infrastructure, controls, systems and ethical behaviour are applied and managed within predetermined procedures and constraints.

The director is of the opinion, based on the information and explanations given by management, that the system of internal control provides reasonable assurance that the financial records may be relied on for the preparation of the annual financial statements. However, any system of internal financial control can provide only reasonable, and not absolute, assurance against material misstatement or loss.

The director is satisfied that the organisation has or has access to adequate resources to continue in operational existence for the foreseeable future.

The external auditors are responsible for independently auditing and reporting on the organisation's financial statements. The financial statements have been examined by the association's external auditors and their report is presented on pages 5 to 6.

The annual financial statements set out on pages 1 to 16, which have been prepared on the going concern basis, were approved by the board on 06 August 2025 and were signed by:

Director

Secretary

Annual Financial Statement

Life Line Durban

(Registration number: 002-190NPO)
Annual Financial Statements for the year ended 28 February 2025

Director's Report

The director has pleasure in submitting her report on the annual financial statements of Life Line Durban for the year ended 28 February 2025.

1. Nature of business

Life Line Durban was incorporated in South Africa with interests in the non-profit industry. The organisation operates in South Africa.

There have been no material changes to the nature of the organisation's business from the prior year.

2. Review of financial results and activities

The financial statements have been prepared in accordance with the basis of accounting policies described in Note 1 of the annual financial statements. The accounting policies have been applied consistently compared to the prior year.

The organisation recorded a deficit for the year ended 28 February 2025 of R1,144,567 (2024: surplus R6,585,691).

3. Director

The director in office at the date of this report are as follows:
P Dhanapalan

4. Members

The members in office at the date of this report are as follows:

Names	Designation
SB Heath	Chairperson
S Padayachee	Treasurer
S Naidu	Secretary
EM Gabriel	
L Van Der Merwe	
F Patel	
SD Archary	
NFB Mpanza	
K Kemp	

5. Events after the reporting period

Subsequent to year end, the building situated at 20 Percy Osborne was sold for R820,000. The transfer of the building occurred in May 2025.

The director is not aware of any other material event which occurred after the reporting date and up to the date of this report.

6. Going concern

The Board of Governors have reviewed the current financial position, they are satisfied that Life Line Durban has or has access to adequate financial resources to continue in operational existence for the foreseable future and accordingly the financial statements have been prepared on a going concern basis.

7. Auditors

BDO South Africa Incorporated continued in office as auditors for the organisation for 2026.

8. Secretary

The company secretary is Ms Shamla Naidu.

Annual Financial Statement

BDO

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38 Douglas Saunders Drive
La Lucia Ridge, 4051
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Umhlanga Rocks 4320
South Africa

LifeLine Durban
Mental and Emotional Health for All

Independent Auditor's Report

To the Members of

Life Line Durban

Opinion

We have audited the financial statements of Life Line Durban (the organisation) set out on pages 7 to 14, which comprise the statement of financial position as at 28 February 2025, and the statement of comprehensive income and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements of Life Line Durban for the year ended 28 February 2025 are prepared, in all material respects, in accordance with the basis of accounting described in note 1 to the financial statements.

Basis of Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the organisation in accordance with the Independent Regulatory Board for Auditors' *Code of Professional Conduct for Registered Auditors* (IRBA Code) and other independence requirements applicable to performing audits of financial statements in South Africa. We have fulfilled our other ethical responsibilities in accordance with the IRBA Code and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Code is consistent with the corresponding sections of the *International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards)*. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter

We draw attention to note 1 to the financial statements, which describes the basis of accounting. The financial statements are prepared in accordance with the organisation's own accounting policies to satisfy the financial information needs of the organisation's members. As a result, the financial statements may not be suitable for another purpose. Our report is intended solely for the organisation's members and should not be distributed to or used by any other parties. Our opinion is not modified in respect of this matter.

Other Information

The director is responsible for the other information. The other information comprises the information included in the document titled "Life Line Durban Annual Financial Statements for the year ended 28 February 2025". The other information does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Director for the Financial Statements

The director is responsible for the preparation and fair presentation of the financial statements in accordance with the basis of accounting as described in Note 1 for determining that the basis of preparation is acceptable in the circumstances, and for such internal control as the director determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the director is responsible for assessing the organisation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of

accounting unless the director either intends to liquidate the organisation or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organisation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the director.
- Conclude on the appropriateness of the director's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organisation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organisation to cease to continue as a going concern.

We communicate with the director regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

BDO South Africa Inc

BDO South Africa Incorporated
Registered Auditors

Leanne Laxson
Director
Registered Auditor

11 August 2025

5A Rydall Vale Office Park
38 Douglas Saunders Drive
La Lucia, 4051

Annual Financial Statement

Life Line Durban

(Registration number: 002-190NPO)
Annual Financial Statements for the year ended 28 February 2025

Statement of Financial Position as at 28 February 2025

Figures in Rand	Notes	2025	2024
Assets			
Non-Current Assets			
Property, plant and equipment	2	8,014,166	3,640,115
Current Assets			
Trade and other receivables	3	123,110	1,500,128
Cash and cash equivalents	4	8,152,855	10,544,730
		8,275,965	**12,044,858**
Total Assets		**16,290,131**	**15,684,973**
Equity and Liabilities			
Equity			
Property Fund Reserves	5	990,550	990,550
Retained income		10,947,026	12,091,593
		11,937,576	**13,082,143**
Liabilities			
Non-Current Liabilities			
LifeLine Durban Charitable Trust	6	187,000	187,000
Current Liabilities			
Trade and other payables	7	968,383	975,527
Deferred income	8	3,197,172	1,440,303
		4,165,555	**2,415,830**
Total Liabilities		**4,352,555**	**2,602,830**
Total Equity and Liabilities		**16,290,131**	**15,684,973**

Annual Financial Statement

Life Line Durban

(Registration number: 002-190NPO)
Annual Financial Statements for the year ended 28 February 2025

Statement of Comprehensive Income

Figures in Rand	Notes	2025	2024
Revenue	9	30,501,602	38,274,379
Other income	10	1,921,234	1,388,842
Operating expenses		(34,289,902)	(33,825,380)
Operating surplus (deficit)	11	**(1,867,066)**	**5,837,841**
Investment revenue	12	722,499	747,850
Surplus (deficit) for the year		**(1,144,567)**	**6,585,691**
Other comprehensive income		-	-
Total comprehensive (loss) income for the year		**(1,144,567)**	**6,585,691**

Annual Financial Statement

Life Line Durban

(Registration number: 002-190NPO)
Annual Financial Statements for the year ended 28 February 2025

Statement of Changes in Equity

Figures in Rand	Property Fund Reserve	Retained income	Total equity
Balance at 01 March 2023	**990,550**	**5,505,902**	**6,496,452**
Surplus for the year	-	6,585,691	6,585,691
Other comprehensive income	-	-	-
Total comprehensive income for the year	**-**	**6,585,691**	**6,585,691**
Balance at 01 March 2024	**990,550**	**12,091,593**	**13,082,143**
Deficit for the year	-	(1,144,567)	(1,144,567)
Other comprehensive income	-	-	-
Total comprehensive loss for the year	**-**	**(1,144,567)**	**(1,144,567)**
Balance at 28 February 2025	**990,550**	**10,947,026**	**11,937,576**
Note	5		

Annual Financial Statement

Life Line Durban

(Registration number: 002-190NPO)
Annual Financial Statements for the year ended 28 February 2025

Statement of Cash Flows

Figures in Rand	Notes	2025	2024
Cash flows from operating activities			
Cash generated from operations	14	880,216	1,293,506
Interest income		722,499	747,850
Net cash from operating activities		**1,602,715**	**2,041,356**
Cash flows from investing activities			
Purchase of property, plant and equipment	2	(5,597,511)	(2,118,958)
Sale of property, plant and equipment	2	1,602,921	229,682
Net cash utilised in investing activities		**(3,994,590)**	**(1,889,276)**
Total cash movement for the year		**(2,391,875)**	**152,080**
Cash at the beginning of the year		10,544,730	10,392,650
Total cash at end of the year	4	**8,152,855**	**10,544,730**

Annual Financial Statement

Life Line Durban

(Registration number: 002-190NPO)
Annual Financial Statements for the year ended 28 February 2025

Accounting Policies

1. Basis of preparation and summary of significant accounting policies

The annual financial statements have been prepared on the historical cost basis, and incorporate the principal accounting policies set out below. They are presented in South African Rands.

The accompanying annual financial statements of Life Line Durban as at 28 February 2025 have been prepared, in all material aspects, in accordance with the basis of accounting policies described below. This is appropriate where a specific basis of accounting is applied in the preparation of the annual financial statements.

These accounting policies are consistent with the previous period.

1.1 Property, plant and equipment

Property, plant and equipment are tangible items that:

- are held for use in the production or supply of goods or services, for rental to others or for administrative purposes; and
- are expected to be used during more than one period.

Land and buildings are stated at cost less acculumated impairment and are not depreciated.

Property, plant and equipment is carried at cost less accumulated depreciation and accumulated impairment losses.

Cost includes all costs incurred to bring the asset to the location and condition necessary for it to be capable of operating in the manner intended by management.

Depreciation is provided using the straight-line method to write down the cost, less estimated residual value over the useful life of the property, plant and equipment, which is as follows:

Item	Depreciation method	Average useful life
Land and buildings	Straight line	Indefinite
Furniture and fixtures	Straight line	5 to 10 years
Motor vehicles	Straight line	4 years
Office equipment	Straight line	3 years

1.2 Financial instruments

Initial measurement

Financial instruments are initially measured at the transaction price (including transaction costs except in the initial measurement of financial assets and liabilities that are measured at fair value through profit or loss) unless the arrangement constitutes, in effect, a financing transaction in which case it is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Financial instruments at amortised cost

Debt instruments are measured at amortised cost using the effective interest method. Debt instruments which are classified as current assets or current liabilities are measured at the undiscounted amount of the cash expected to be received or paid, unless the arrangement effectively constitutes a financing transaction.

At the end of each reporting date, the carrying amounts of assets held in this category are reviewed to determine whether there is any objective evidence of impairment. If so, an impairment loss is recognised.

1.3 Revenue

Revenue represents donations, fund raising, project revenue and interest.

Income received for specific projects are recognised as income received in advance until such time as the project expenses are incurred. The amounts are then recognised in income.

Annual Financial Statement

Life Line Durban

(Registration number: 002-190NPO)
Annual Financial Statements for the year ended 28 February 2025

Notes to the Financial Statements

Figures in Rand	2025	2024

2. Property, plant and equipment

	2025			2024		
	Cost	Accumulated depreciation	Carrying value	Cost	Accumulated depreciation	Carrying value
Furniture and fixtures	892,979	(451,670)	441,309	703,619	(399,158)	304,461
Freehold Land and Buildings	6,348,245	(220,294)	6,127,951	1,478,318	(65,550)	1,412,768
Motor vehicles	1,601,295	(825,132)	776,163	1,601,295	(525,924)	1,075,371
Office equipment	965,063	(296,320)	668,743	847,516	(1)	847,515
Total	**9,807,582**	**(1,793,416)**	**8,014,166**	**4,630,748**	**(990,633)**	**3,640,115**

Reconciliation of property, plant and equipment - 2025

	Opening balance	Additions	Disposals	Depreciation	Impairment loss	Closing balance
Furniture and fixtures	304,461	191,967	(2,607)	(52,512)	-	441,309
Freehold Land and Buildings	1,412,768	5,250,000	(380,072)	-	(154,745)	6,127,951
Motor vehicles	1,075,371	-	-	(299,208)	-	776,163
Office equipment	847,515	155,544	(37,997)	(296,319)	-	668,743
	3,640,115	**5,597,511**	**(420,676)**	**(648,039)**	**(154,745)**	**8,014,166**

Reconciliation of property, plant and equipment - 2024

	Opening balance	Additions	Disposals	Depreciation	Impairment loss	Closing balance
Furniture and fixtures	329,339	21,657	-	(46,535)	-	304,461
Freehold Land and Buildings	1,370,623	107,695	-	-	(65,550)	1,412,768
Motor vehicles	600,257	948,001	(179,806)	(293,081)	-	1,075,371
Office equipment	128,546	1,041,605	(229,682)	(92,954)	-	847,515
	2,428,765	**2,118,958**	**(409,488)**	**(432,570)**	**(65,550)**	**3,640,115**

Details of properties

Property 1
ERF 722, portion 5 situated at 129 Innes Road, Morningside, Windermere,
Durban in the extent of 1038 square metres.

Property 2
Sectional title unit situated at 18/20 Percy Osborne Road, Windermere,
Durban in the extent of 209 square metres.

Registers with details of land and buildings are available for inspection by members or their duly authorised representatives at the registered office of the organisation.

3. Trade and other receivables

Accrued income	-	1,414,437
Deposits	32,348	9,778
Prepayments	4,951	-
Trade receivables	55,389	24,056
Value added taxation	30,422	51,857
	123,110	**1,500,128**

Annual Financial Statement

Life Line Durban

(Registration number: 002-190NPO)
Annual Financial Statements for the year ended 28 February 2025

Notes to the Financial Statements

Figures in Rand	2025	2024

4. Cash and cash equivalents

Cash and cash equivalents consist of:

Cash on hand	2,933	2,600
Bank balances	8,149,922	10,542,130
	8,152,855	**10,544,730**

5. Property Fund Reserve

Specific donation received	1,150,000	1,150,000
Amount to be expended	(159,450)	(159,450)
	990,550	**990,550**

6. LifeLine Durban Charitable Trust

Unsecured		
LifeLine Durban Charitable Trust	187,000	187,000

The above loan is interest free and repayable by mutual agreement.

7. Trade and other payables

Accrued expenses	-	7,154
LifeLine Corporate Services	808,933	808,923
Property fund	159,450	159,450
	968,383	**975,527**

8. Deferred income

Deferred income relates to funds received in advance for the various projects being funded.

9. Revenue

Project income	30,501,602	38,274,379

10. Other income

Other income	3,826	719,600
Donations and bequests	375,537	352,010
Profit on sale of assets	1,182,245	-
Training income	359,626	317,232
	1,921,234	**1,388,842**

11. Operating surplus (deficit)

Operating surplus (deficit) for the year is stated after accounting for the following:

Loss (profit) on sale of property, plant and equipment	(1,182,245)	179,806
Depreciation on property, plant and equipment	648,038	433,561
Employee costs	28,106,512	27,024,729
Impairment of property	154,745	65,550

Annual Financial Statement

Life Line Durban

(Registration number: 002-190NPO)
Annual Financial Statements for the year ended 28 February 2025

Notes to the Financial Statements

Figures in Rand	2025	2024

12. Investment revenue

Interest revenue		
Interest received - bank	722,499	747,850

13. Taxation

No provision has been made for 2025 tax as the entity is a non-profit organisation that is exempt from tax.

14. Cash generated from operations

(Deficit) surplus before taxation	(1,144,567)	6,585,691
Adjustments for:		
Depreciation and amortisation	648,038	432,570
(Profit) loss on sale of assets	(1,182,245)	179,806
Interest received	(722,499)	(747,850)
Impairment of property, plant and equipment	154,745	65,550
Changes in working capital:		
Trade and other receivables	1,377,020	(1,045,613)
Trade and other payables	(7,145)	(65,745)
Deferred income	1,756,869	(4,110,903)
	880,216	**1,293,506**

15. Related parties

Relationships	
Related parties	LifeLine Durban Charitable Trust

Related party balances and transactions

Related party balances

Loan accounts - Owing (to) by related parties		
LifeLine Durban Charitable Trust	(187,000)	(187,000)
Amounts included in Trade receivable (Trade Payable) regarding related parties		
LifeLine Durban Charitable Trust	(968,373)	(968,373)

16. Going concern

The Board of Governors have reviewed the current financial position, they are satisified that Life Line Durban has or has access to adequate financial resources to continue in operational existence for the foreseable future and accordingly the financial statements have been prepared on a going concern basis.

17. Events after the reporting period

Subsequent to year end, the building situated at 20 Percy Osborne was sold for R820,000. The transfer of the building occurred in May 2025.

The director is not aware of any other significant matter or circumstance arising since the end of the financial year, not otherwise dealt with in this report or the annual financial statements, which will significantly affect the financial position of the company or the results of its operations to the date of this report.

Annual Financial Statement

Life Line Durban

(Registration number: 002-190NPO)
Annual Financial Statements for the year ended 28 February 2025

Detailed Statement of Comprehensive Income

Figures in Rand	Notes	2025	2024
Revenue			
Project income		30,501,602	38,274,379
Other income			
Training income		359,626	317,232
Donations and bequests		375,537	352,010
Other income		3,826	719,600
Profit on disposal of assets		1,182,245	-
		1,921,234	**1,388,842**
Operating expenses			
Advertising		(14,915)	(15,315)
Bad debts		-	(23,913)
Bank charges		(33,563)	(45,332)
Cleaning		(60,310)	(49,512)
Computer expenses		(13,983)	(13,605)
Consulting and professional fees		(467,751)	(243,189)
Consumables		(95,037)	(125,202)
Depreciation, amortisation and impairments		(802,783)	(499,111)
Employee costs		(28,106,512)	(27,024,729)
General expenses		(679,053)	(1,090,831)
Insurance		(300,217)	(205,737)
Internal functions		(53,076)	(73,285)
Loss on disposal of assets		-	(179,806)
Meals/Catering		(6,131)	(24,213)
Motor vehicle expenses		(551,203)	(456,468)
Municipal expenses		(69,007)	(80,896)
Other expenses		-	(184,750)
Outreach uniforms		(2,201)	(7,180)
Printing and stationery		(193,678)	(306,575)
Project expenses		(738,070)	(1,023,836)
Refreshments		(4,876)	(75)
Repairs and maintenance		(170,947)	(46,744)
Security		(171,479)	(173,379)
Small assets		(93,120)	(355,867)
Subscriptions		(16,424)	(26,929)
Sundry expenses		-	(450)
Telephone and fax		(344,244)	(326,106)
Travel - local		(1,301,322)	(1,147,140)
Uniforms		-	(46,523)
Write offs		-	(28,682)
		(34,289,902)	**(33,825,380)**
Operating surplus (deficit)	11	**(1,867,066)**	**5,837,841**
Investment income	12	722,499	747,850
Surplus (deficit) for the year		**(1,144,567)**	**6,585,691**

The supplementary information presented does not form part of the annual financial statements and is unaudited

Annual Financial Statement

Life Line Durban

(Registration number: 002-190NPO)
Annual Financial Statements for the year ended 28 February 2025

Statement of Restricted and Unrestricted Income

	Restricted	Unrestricted	2025	2024
Grants income	31,236,765	-	31,236,765	38,274,379
Other income	3,826	-	3,826	1,388,842
Proceeds from asset disposal	1,182,245	-	1,182,245	-
Total income	**32,422,836**	**-**	**32,422,836**	**39,663,221**
Operating expenses	34,289,902	-	34,289,902	33,825,380
Investment income	722,499	-	722,499	747,850
Profit for the year	**(1,144,567)**	**-**	**(1,144,567)**	**6,585,691**

The supplementary information presented does not form part of the annual financial statements and is unaudited

List of Donors 2024-2025

Our funders, donors, suppliers and stakeholders who make service to our communities possible through your continued faith in our mandate. We salute you and thank you for your incredible generosity.

LifeLine Durban
Mental and Emotional Health for All

LIST OF DONORS 2024 – 2025

MAJOR FUNDERS	AMOUNT
DEPARTMENT OF SOCIAL DEVELOPMENT	15,408,078
AIDS FOUNDATION OF SOUTH AFRICA GF	9,218,633
NACOSA USAID	6,740,877
GBVF RESPONSE FUND	277,157
COMMUNITY CHEST FOUNDATION	143,410
NATIONAL LOTTERY COMMISSION OF SOUTH AFRICA	45,801
MAJOR DONORS	**AMOUNT**
VICTOR DAITZ FOUNDATION	77,040
PROCERA (PTY) LTD	50,000
NMI	45,000
GREENACRE REMEMBERANCE FOUNDATION	31,680
NEMIT TRUST	25,000
TURBOFLUID ENGINEERING	20,000
SM PAUL	11,000
FUCHS FOUNDATION	10,000

FREQUENT DONORS	
Absa Bank	Hilite Stationers
Advocate Rodel	Ian C Gillies
AK Lucky Boards	Industrial Scrap Metals
Amalgamated Concrete	Island Export
Anabel Gouveia	Ivan Naicker
Ashala Pillay	Jacek Marine
Autolek	Judge Carol Sibiya
Keerath Financial	Kegel Safety Wear
Campbell Powder Coaters	Leomat Durban
Capco (Pty) Ltd	Lovelife
Cavitolo Exports	M J Van Rensburg
Chantal Scott	Morne Bailey
Chester Wholesale Meat	Northland Electrical
Chisholm's Auto	Oilpower
Conrite Walls	PKL Road Freight
Cruise Collections	Rich Raw Products
Danny Maharaj	RP Industrial Products
Dawn Layman	SA National Society
Dennis Wishart	SOS Durban
Dockleveller Supplies	Stanhope Boot
Dolphin Coast Insurance Brokers	Synergy Worldwide Logistics
Donation	The Cone Company
Durban Awning & Tent	Toti Dental
EIS Engineering	Travel Dynamics
Eplank	Tree Tops School
Eric Rae	Trolley & Shelf
EST PD TOPP	VPE Engineering
Euro Steel	Workspace Solutions
Far Engineering	Zakaat
Furniture Perfection	Zenzele
Grants Baking Solution	

Appreciation

ACKNOWLEDGMENTS
DEPARTMENT OF SOCIAL DEVELOPMENT(DSD)
DEPARTMENT OF HEALTH
DURBAN UNIVERSITY OF TECHNOLOGY(DUT)
DR K GOVENDER
DR NEEDHI
DURBAN GIRLS' COLLEGE
JESS FOORD FOUNDATION
KANGA FINANCE
LEXIS-NEXIS SA
KWA MASHU SPAR
MARBURG TRUCK STOP – LOGAN PILLAY
NATIONAL PROSECUTING AUTHORITY
PRINT CONNECTION
RENE TSHIAKANYI
STHOLIMPILO REHABILITATION CENTRE
TREVWEST CONSULTING
UGU DISTRICT HEALTH
UNIVERSITY OF KWAZULU NATAL(UKZN)
VARSITY COLLEGE
KANGA FINANCE
TRIDENT CLOTHING
THE ST JAMES ON VENICE (GUESTHOUSE)

LifeLine Durban extends heartfelt appreciation to our dedicated counsellors and training facilitators. A special thanks goes to our Programme Managers, Finance Team, Operations Team and all the staff members. Your unwavering commitment and willingness to go above and beyond the call of duty are truly commendable. Your hard work and dedication do not go unnoticed, they are deeply valued and sincerely appreciated.

LifeLine Durban
Mental and Emotional Health for All

Acronym List:

ABYM	Adolescent Boys and Young Men	**NMN**	No means No
AFSA	AIDS Foundation South Africa	**NMNW**	No Means No Worldwide
AGYW	Adolescent Girls and Young Women	**PE**	Peer Educator
ART	Antiretroviral Treatment	**PEP**	Post-Exposure Prophylaxis
ART	Anti-Retroviral Therapy	**PMTCT**	Prevention of Mother to Child Transmissions
CBIMS	Community-Based Information Management System	**PN**	Professional Nurse
CCM	Country Coordinating Mechanism	**PPT**	Periodic presumptive treatment
CCMDD	The Chronic Medicine Delivery Points	**PrEP**	Pre-Exposure Prophylaxis
COP	Country Operational Plan	**PSS**	Psychosocial Support
COVID	Corona Virus Disease	**PTSD**	Post-traumatic stress disorders
CPF	Child Protection Forum	**PVC**	Post Violence Care
CPF	Community Police Forum	**PWN**	Positive Women's Network
DIC	Drop-In Centre	**QIP**	Quality Improvement Plans
DoH	Department of Health	**RA**	Risk Assessment
DREAMS	Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe Women	**RRW**	Risk Reduction Workshop
DSD	Department of Social Development	**SANAC**	South African National AIDS Council
DV	Domestic Violence	**SAPS**	South African Police Service
FL	Financial Literacy	**SASA**	Start Awareness Support Action
GBV	Gender Based Violence	**SC**	Site Coordinator
HAST	HIV and AIDS, STI and TB	**SM**	Site Manager
HIVSS	HIV Self-screening	**SRH**	Sexual and Reproductive Health
NIMART	Nurse Initiated and Managed Antiretroviral Therapy	**SRHR**	Sexual and Reproductive Health and Rights
HRDs	Human Resource Development Strategy for South Africa.	**STI**	Sexually Transmitted Infection
HTS	HIV Testing Services	**SWEAT**	Sex Workers Education and Advocacy Task Force
IACT	Integrated Access to Care and Treatment	**SWs**	Sex Workers
IPV	Intimate Partner Violence	**TB**	Tuberculosis
KP	Key Population	**TCC**	Thuthuzela Care Centre
KVP	Key and Vulnerable Populations	**TGSW**	Transgender Sex Workers
LGBTQIA+	Lesbian, Gay, Bisexual, Intersex, Queer and Asexual	**TPT**	TB Preventative Treatment
MDR TB	Multi Drug Resistant TB	**TUTT**	Targeted Universal Test and Treat
MI	Motivational Interviewing	**UNAIDS**	Joint United Nations Programme on HIV/AIDS
NACOSA	Networking HIV & AIDS Community of Southern Africa	**USAID/SA**	United States Agency for International Development/South Africa
NCD	Non-communicable Diseases	**VEP**	Victim Empowerment Programme
NFD	Non-Financial Data	**VFR**	Victim Friendly Room
NFM	National Funding Model	**NSP**	National Strategic Plan
PLHIV	People Living with HIV	**PP-PREV**	Priority Population Prevention

LifeLine Durban

Mental and Emotional Health for All

002-190NPO

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